

# Hamblen County

## COMMUNITY HEALTH NEEDS ASSESSMENT

Morristown-Hamblen Healthcare System  
Hamblen County Health Department

2025

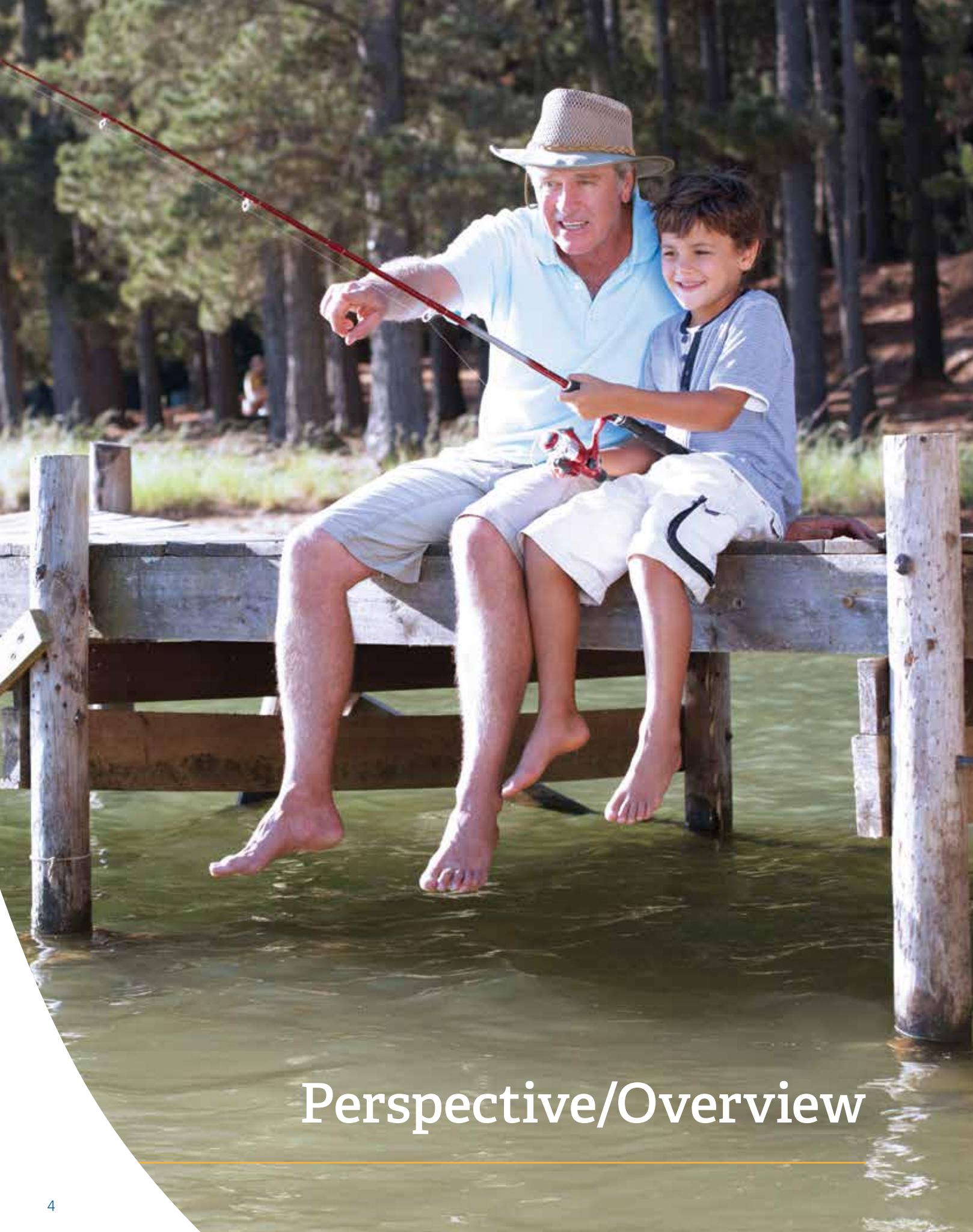
Photo Source: Morristown-Hamblen Healthcare System



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# Perspective/Overview



## ABOUT MORRISTOWN-HAMBLEN HEALTHCARE SYSTEM

Morristown-Hamblen Healthcare System is building a legacy of care through cutting-edge technology, first-class facilities, and expert medical staff. That's why our hospital has become a cornerstone of healthcare excellence in our area, faithfully serving eight counties across Eastern Tennessee.

A proud member of Covenant Health, our region's top-performing healthcare network, Morristown-Hamblen is committed to supporting every patient with outstanding service and a better quality of life.

At Morristown-Hamblen, we understand that our patients are also our peers, our neighbors, and our friends. That's why we're dedicated to providing top-tier healthcare with a human touch. All our services focus on quality, compassion, and expertise, from emergency care and cancer treatment to diagnostics and heart health. No matter the need, the people we serve find genuine, individualized care at Morristown-Hamblen.

## ABOUT HAMBLEN COUNTY HEALTH DEPARTMENT

The mission of the Tennessee Department of Health and the Hamblen County Health Department is to PROTECT, PROMOTE and IMPROVE the health and prosperity of people in Tennessee. The Hamblen County Health Department offers a variety of services to carry out this mission. Health professionals include nurses, nurse practitioner, nutritionists, social worker, health educator, environmentalists, clerical personnel, breastfeeding peer counselors, and Spanish interpreters.

The Hamblen County Health Department provides confidential services to all regardless of age, sex, income, race, disability or marital status. A sliding fee schedule based on income is available for services where there is a charge. Some services are by appointment, while others are available on a walk-in basis. For a complete listing of programs available and requirements, please visit [www.hamblencountytn.gov/hamblen-county-health-department/](http://www.hamblencountytn.gov/hamblen-county-health-department/).

# Creating a Culture of Health in the Community



Action Cycle Source: University of Wisconsin and the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and provides an open and transparent process to listen and truly understand the health needs of Hamblen County, Tennessee.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding the many aspects of a healthy community.

## 2025 Community Health Needs Assessment

### COLLABORATORS

Morristown-Hamblen Healthcare System, as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. StrategyHealth, a healthcare consultancy based in Nashville, Tennessee, provided analysis of community health data, facilitated the focus groups, and analyzed the survey. StrategyHealth also facilitated a community health summit to receive input regarding priorities and to brainstorm goals and actions the community could take to improve health.

Morristown-Hamblen Healthcare System and Hamblen County Health Department were partners in the Community Health Needs Assessment.

### MAKING THE CHNA WIDELY AVAILABLE TO THE PUBLIC

Starting on **December 15, 2025**, this report is made widely available to the community via Morristown-Hamblen Healthcare System's website <https://www.covenanthealth.com/morristownhamblen/chna>. Paper copies are available free of charge at Morristown-Hamblen Healthcare System, 908 West 4th North Street, Morristown, TN 37814 or by phone 423-492-9000.

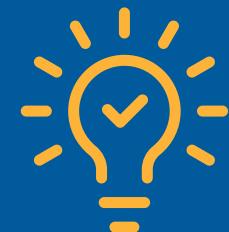
The document is also available at the Hamblen County Health Department, 331 W. Main St. A, Morristown, TN 37814 or by phone, 423-586-6431.

### BOARD APPROVALS

- As delegated by the board, Covenant Health's Executive Leadership Team approved this assessment on **December 10, 2025**.

Hamblen County's population in 2024 was 65,520.

The population of Hamblen County is projected to increase 1.3% from 2024 to 2029. Tennessee is projected to increase 3.6%. The U.S. is projected to increase 1.9%.



# Key Findings

## MOST SIGNIFICANT COMMUNITY HEALTH NEEDS

Based on the previous CHNA priorities, Health Department priorities, secondary data, focus groups, surveys, and the summit participants' prioritization exercise, the steering committee selected the following as the most significant health needs in Anderson County for the next three years. There is a complete summary of findings with prioritization criteria later in the document.

1. Mental health, anxiety and depression, and access to mental health resources
2. Substance use
3. Healthy eating/active living to decrease chronic diseases
4. Access to care – e.g., dental resources, language barriers, providers, insurance, loss of federal funding

## Community Input and Collaboration

### METHODS AND TIMELINE

In February 2025, the partners began a Community Health Needs Assessment for Hamblen County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred January through April 2025.
- A steering committee made up of community stakeholders was formed and met on April 21, 2025, to plan, implement, and finalize the CHNA process. They also met on July 3, 2025, to finalize the list of most significant health priorities.
- A data committee was formed from the steering committee to review the secondary data and focus group results prior to the summit. They met on April 8, 2025.
- Community members and stakeholders participated in focus groups for their perspectives on community health needs and issues on March 31, 2025.
- An online survey of community members was conducted April 22 through June 11, 2025.
- A Community Health Summit was conducted on June 6, 2025, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.

## PARTICIPANTS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY

Twenty-four individuals from 18 community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Hamblen County. The three-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities. In many cases, several representatives from each organization participated.

### Participants

| Organization                             | Represented                       | Participation       |
|--|-----------------------------------|---------------------|
| ALPS Adult Day Services                  | Senior adults                     | Focus Group         |
| Canvas Outdoor Learning Initiative       | All                               | Summit              |
| Covenant Health                          | All                               | Focus Group         |
| Guided Path TCS                          | Cancer patients                   | Focus Group         |
| Hamblen Co. Substance Abuse Coalition    | Those with substance use disorder | Focus Group         |
| Hamblen County Health Department         | All                               | Focus Group, Summit |
| Hamblen County Substance Abuse Coalition | Those with substance use issues   | Summit              |
| Hola Lakeway                             | Low-income multicultural families | Summit              |
| Land Basket Farm                         | All                               | Summit              |
| McNabb Center                            | Mental health                     | Focus Group         |
| Morristown-Hamblen EMS                   | All, 60% Medicare                 | Focus Group         |
| Morristown Parks                         | All                               | Summit              |
| Morristown Police Department             | All                               | Summit              |
| Morristown-Hamblen Healthcare System     | All                               | Focus Group, Summit |
| Senior Center/Office on Aging            | Senior adults                     | Focus Group         |
| Smoky Mountain Home Health & Hospice     | All, seniors                      | Focus Group, Summit |
| TN Commission on Children and Youth      | Children and youth                | Summit              |
| TN Voices                                | Mental health, children           | Focus Group, Summit |

## Input From Medically Underserved, Low-Income, and Minority Populations

Input from medically underserved, low-income, and minority populations was received through the focus groups, community survey, and the community health summit. Agencies representing these population groups were intentionally invited to the focus groups and summit. The survey represented various facets of the community.

## Input From Those With Expertise in Public Health

The Hamblen County Health Department Health Educator, Myra Miller, was a key participant serving on the steering committee and the data committee, and attending the focus group and the summit. The Health Department was involved in creating the community needs list and prioritizing the most significant community needs.

## Input on the Most Recently Conducted CHNA and Most Recently Adopted Implementation Strategy

Morristown-Hamblen Healthcare System did not receive any written comments about the 2022 CHNA or implementation strategy.

# Process and Methods Used

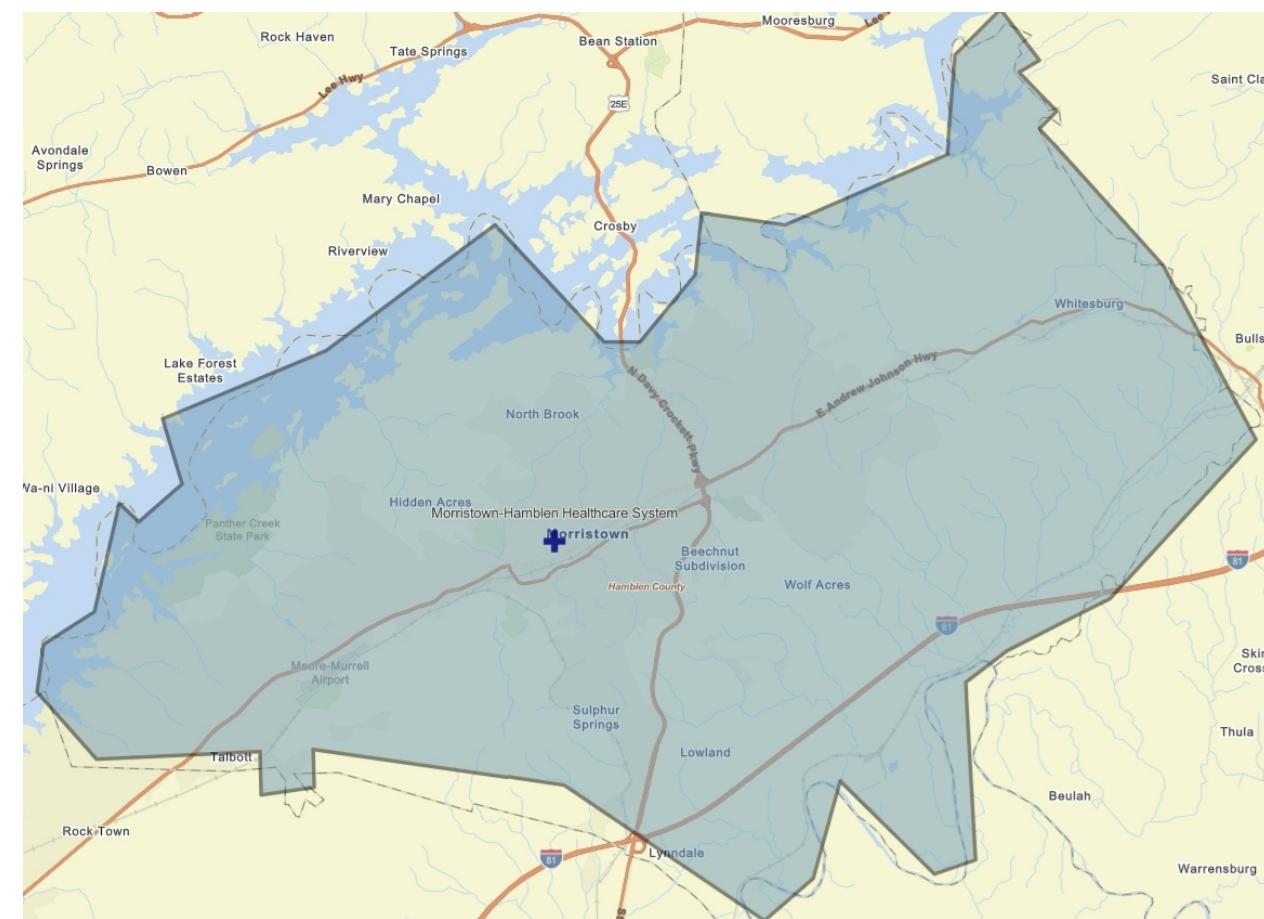
## COMMUNITY SELECTED FOR ASSESSMENT

Hamblen County was the primary focus of the CHNA based on the service area of Morristown-Hamblen Healthcare System. As the study area, Hamblen County provided 49% of inpatient discharges from January 1, 2024, through December 31, 2024. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Morristown-Hamblen Healthcare System draws patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Morristown-Hamblen Healthcare System's Financial Assistance Policy.

 The rate of poverty in Hamblen County was 17.3%, which was higher than TN (13.5%) and the U.S. (11.5%). The percent of asset-limited, income-constrained, and employed (ALICE) households in Hamblen County was 33%, which was higher than TN at 30% and the U.S. at 29%.

## CHNA STUDY AREA – 2025



## DATA AND OTHER INFORMATION USED IN THE ASSESSMENT

Primary methods included:

- Focus groups with community members and stakeholders
- Online community survey
- Community Health Summit

Secondary methods included:

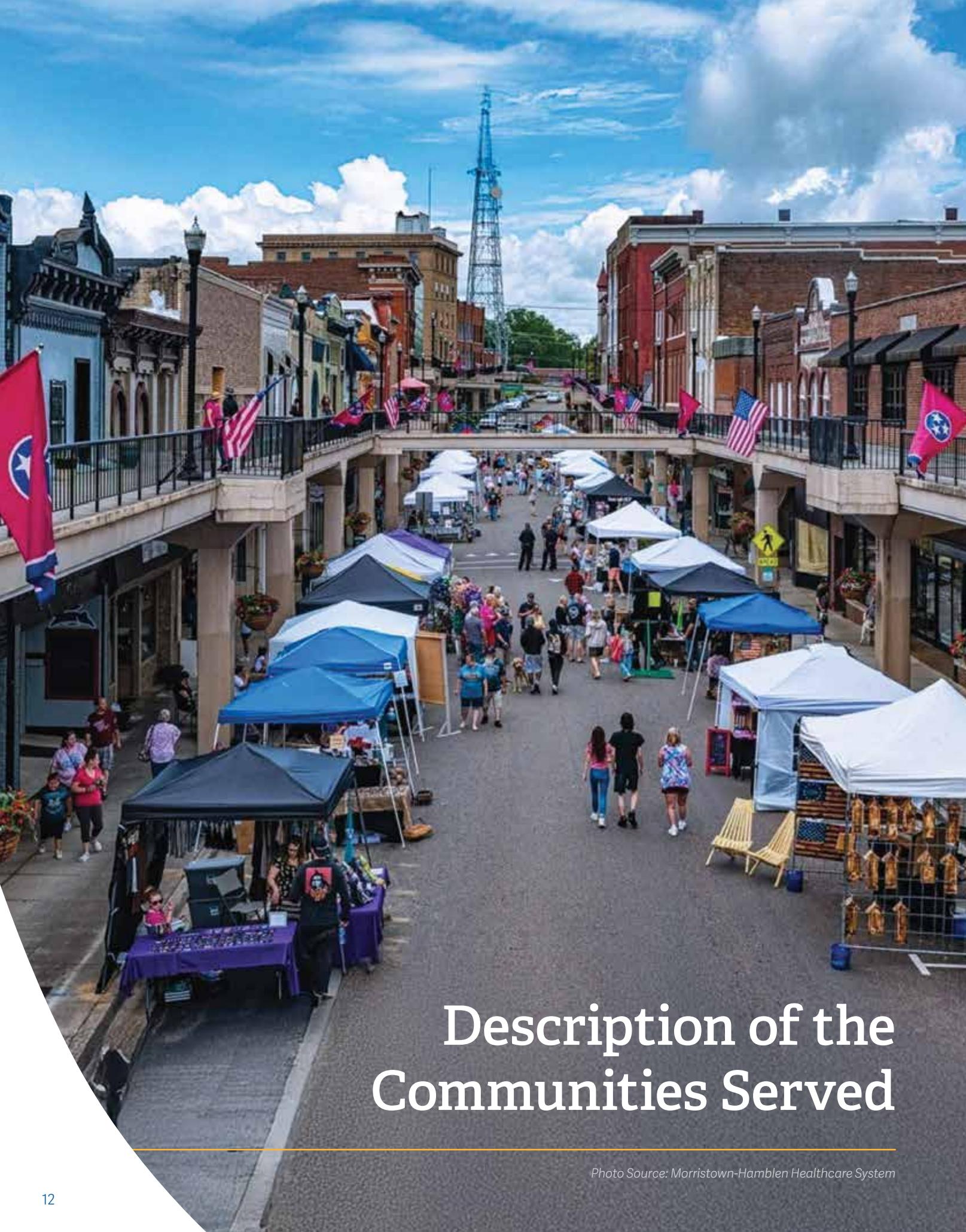
- Public health data – death statistics, county health rankings, cancer incidence
- Demographics and socioeconomic – population, poverty, uninsured, unemployment

## Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

# Description of the Communities Served

Photo Source: Morristown-Hamblen Healthcare System



## Demographic Indicators

The following tables and graphs summarize the demographics of Hamblen County compared to Tennessee and the U.S.

|                                  | Hamblen County | TN              | USA               |
|----------------------------------|----------------|-----------------|-------------------|
| Population 2020, % change 20-24  | 64,500, 1.6%   | 6,910,840, 4.2% | 331,499,281, 2.1% |
| Population 2024                  | 65,520         | 7,204,409       | 338,440,954       |
| Population 2029                  | 66,354         | 7,465,737       | 344,873,411       |
| % Population Change 2024-2029    | 1.3%           | 3.6%            | 1.9%              |
| Percent of Population Under 18   | 22.5%          | 21.3%           | 21.0%             |
| Percent of Population 18-64      | 58.0%          | 60.4%           | 60.8%             |
| Percent of Population 65+        | 19.6%          | 18.3%           | 18.1%             |
| <b>Racial and Ethnic Make-up</b> |                |                 |                   |
| Non-Hispanic White               | 75.2%          | 70.0%           | 56.3%             |
| Non-Hispanic Black               | 3.2%           | 15.5%           | 12.1%             |
| Non-Hispanic Asian               | 1.2%           | 2.1%            | 6.3%              |
| Native American/Alaska Native    | 0.2%           | 0.2%            | 0.7%              |
| Pacific Islander                 | 0.6%           | 0.1%            | 0.2%              |
| Two or More Races                | 4.0%           | 4.1%            | 4.3%              |
| Other Race                       | 0.2%           | 0.3%            | 0.5%              |
| Hispanic Origin                  | 15.3%          | 7.6%            | 19.6%             |

Source: Esri.

# Socioeconomic Indicators

|  | Hamblen County | TN       | USA      |
|--|----------------|----------|----------|
| Median Age 2024  | 41.0           | 40.3     | 39.1     |
| Median Household Income  | \$55,878       | \$64,035 | \$75,149 |
| Percentage With Incomes Below the Federal Poverty Guideline              | 17.3%          | 13.5%    | 11.5%    |
| Percent of Asset-Limited, Income-Constrained Employed (ALICE) Households | 33%            | 30%      | 29%      |
| Percentage Speaking a Language Other Than English                        | 13.0%          | 7.8%     | 21.7%    |
| Percentage of Income for Mortgage  | 25.5%          | 25.2%    | 25.6%    |
| Population Receiving SNAP Benefits 2022                                  | 10.7%          | 10.0%    | 12.5%    |
| Percent Unemployed - 2024  | 5.4%           | 4.0%     | 4.2%     |
| Percent Uninsured  | 13.3%          | 12%      | 10%      |
| Percent W a Disability <age 65   | 13.6%          | 10.9%    | 8.9%     |
| Percent Rural  | 35.0%          | 33.8%    | 20.0%    |

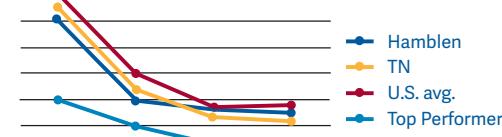
Source: Esri, Census Bureau, United Way. The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

- The racial and ethnic make-up of Hamblen County was 75% Non-Hispanic White, 3% Non-Hispanic Black, 15% Hispanic origin, 4% more than one race, and 2.2% other.
- Hamblen County's 2024 unemployment was 5.4% compared to 3.5% for Tennessee and 3.5% for the U.S.
- 11% of Hamblen County received SNAP benefits compared to 10% of Tennessee in 2022.

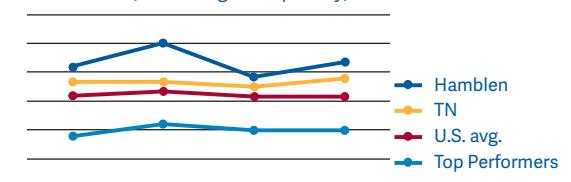
**Living wage**  
(The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children)

| Hamblen Co. | \$37.48 |
|-------------|---------|
| Tennessee   | \$43.13 |

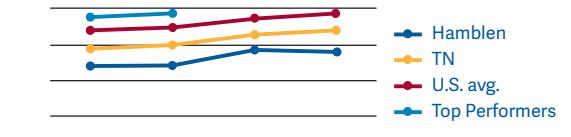
**Unemployment**  
(Percentage of population ages 16 and older unemployed but seeking work) Lower is better



**Children in Poverty**  
(% under age 18 in poverty)



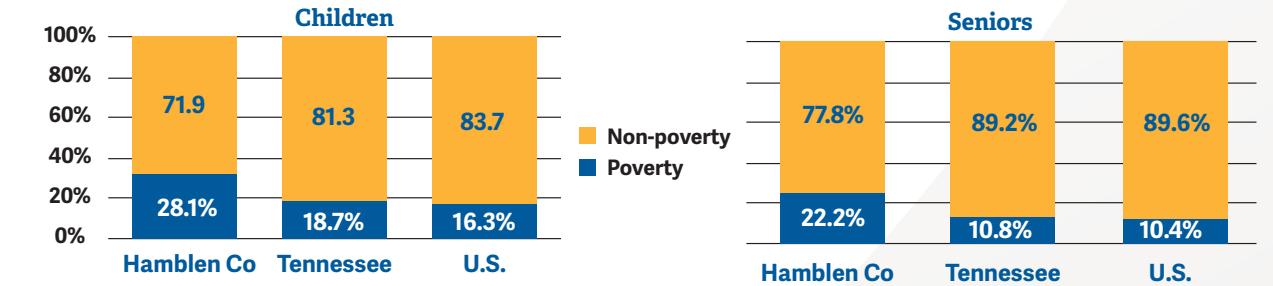
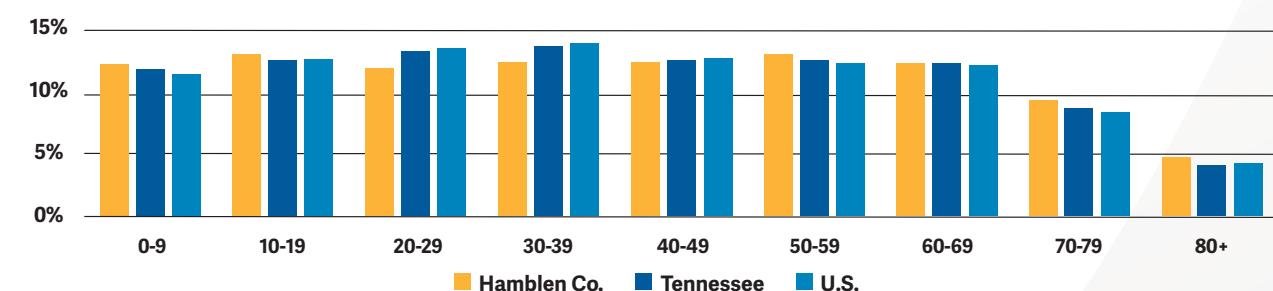
**Median HH Income**  
(The income where half of households in a county earn more and half of households earn less)



Source: Living wage – Living Wage Institute, Inc. 2025. Source: Children in poverty and median household income - Small Area Income and Poverty Estimates; American Community Survey, five-year estimates, 2023 & 2019-2023  
Source: Unemployment – Bureau of Labor Statistics, 2023

- Hamblen County's population in 2024 was 65,520.
- The population of Hamblen County is projected to increase 1.3% from 2024 to 2029. Tennessee is projected to increase 3.6%. The U.S. is projected to increase 1.9%.
- Hamblen County had a higher median age (41) than TN (40.3) and the U.S. (39.1). In Hamblen County, the percentage of the population 65 and older was 19.6%, higher than the TN and U.S. 65+ populations, which are 18.3% and 18.1% respectively.
- Hamblen County median household income at \$55,878 was lower than TN (\$64,035) and the U.S. (\$75,149).
- The rate of poverty in Hamblen County was 17.3%, which was higher than TN (13.5%) and the U.S. (11.5%). The percent of asset-limited, income-constrained, and employed (ALICE) households in Hamblen County was 33%, which was higher than TN at 30% and the U.S. at 29%.
- The household income distribution of Hamblen County was 29.3% higher income (over \$100,000), 39% middle income, and 32% lower income (under \$35,000).

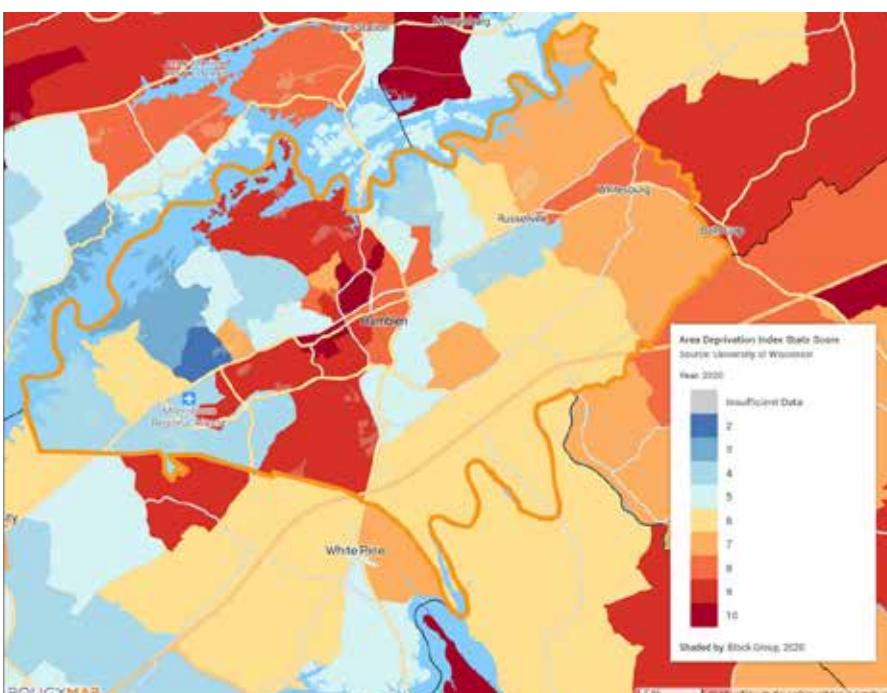
## POPULATION BY AGE RANGE 2024



Source: Esri, American Community Survey, 2023 5-year estimates

## AREA DEPRIVATION INDEX (BY BLOCK GROUP)

The area deprivation index is based on socioeconomic disadvantage in the areas of income, education, employment, and housing quality. The block groups in the red are the most disadvantaged and would be a priority location for health improvement activities.



Source: PolicyMap University of Wisconsin, 2020

## BUSINESS PROFILE

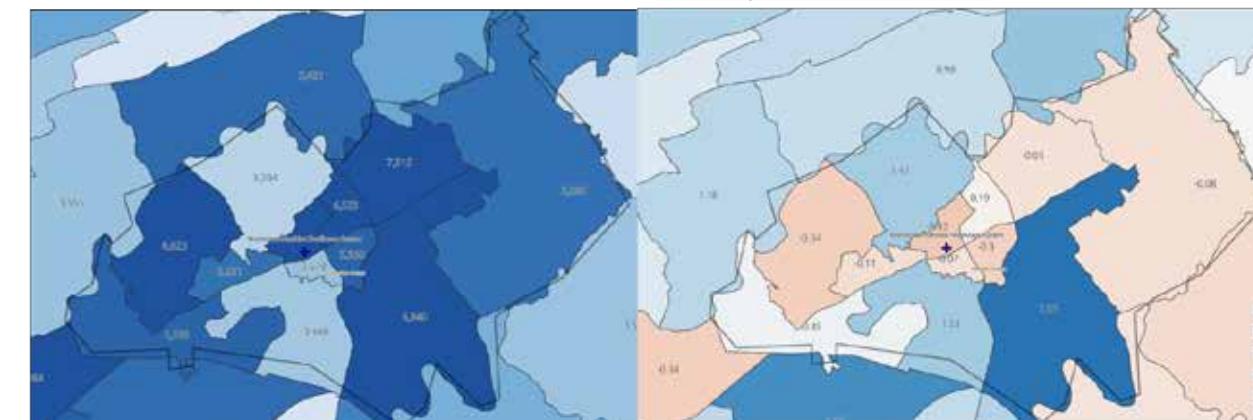
66% percent of employees in Hamblen County were employed in:

- Manufacturing (25.0%)
- Retail trade (13.6%)
- Healthcare and social assistance (10.8%)
- Education (8.3%)
- Construction (8.2%)

Source: ACS, 2023

Retail jobs offer health insurance at a lower rate than healthcare, manufacturing, and educational services.

## 2024 POPULATION BY CENSUS TRACT AND POPULATION CHANGE (2020-2024)



The household income distribution of Hamblen County was 29.3% higher income (over \$100,000), 39% middle income, and 32% lower income (under \$35,000).

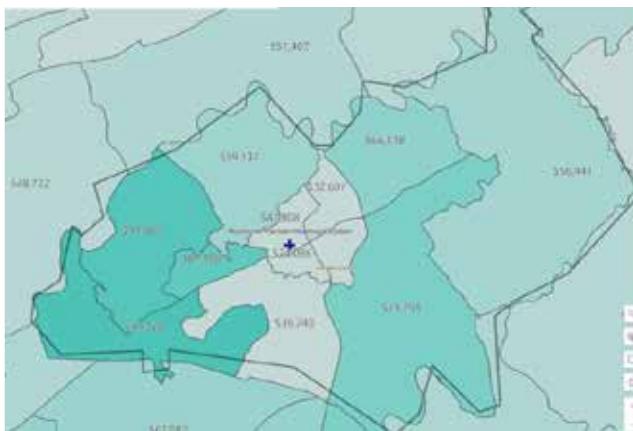
Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher-populated census tracts are smaller geographically, and the less-populated census tracts are larger in geography. This can be seen by looking at the northern tract with a population of 3,204 and the smaller tracts around Morristown that have populations of 5,000 to 6,000.

There were five census tracts that grew, ranging from .19% to 3% per year. There were seven census tracts that declined in population (darker pink on the map).

## 2024 MEDIAN HOUSEHOLD INCOME AND AGE

### 2024 Median Household Income

- > 121,512
- 82,148
- < 42,784



Source: Esri

The two maps depict median household income and median age by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same and will therefore have differing health needs. The health needs may be very different in the dark green census tracts with lower median ages (28.9 and 36) than the tracts in blue with higher median ages (50 in the north and 46 in the southwest).

Looking at median household income by census tract also gives insight into health status. The lower-income areas may require more focus than the higher-income tracts. The census tracts on the west side of the county with higher median household incomes of \$99,376 and \$93,904 will probably have different needs than the tract south of Morristown earning \$24,086 median household income and the tract north of Morristown with a median income of \$32,607.

## Community Survey Summary

Morristown-Hamblen Healthcare System and StrategyHealth conducted an online community survey in Hamblen County. From March 1 - May 19, 2025, 151 online surveys were completed.

The survey demographics are in the appendix.

Participants were given a list of 45 potential community health needs or issues to determine if these were "not a problem," "minor problem," or a "major problem." Afterward, for the issues they selected as "major problems," respondents were to list the three they felt were the most serious in the county.

The table below is ranked by percentages who thought the issue was a "major problem" and includes the percentage who ranked the issue in the three concerns for community health needs.

| Issues   | Not a Problem | Minor Problem | Major Problem | In Top 3 |
|--|---------------|---------------|---------------|----------|
| Substance use disorder - drugs or alcohol  | 14%           | 15%           | 71%           | 28%      |
| Affordable health insurance  | 14%           | 20%           | 66%           | 11%      |
| Care for the unhoused population   | 13%           | 22%           | 65%           | 18%      |
| Youth tobacco use and vaping   | 10%           | 26%           | 64%           | 9%       |
| Adult tobacco use and vaping   | 12%           | 25%           | 63%           | 3%       |
| Mental or behavioral health issues   | 15%           | 23%           | 62%           | 24%      |
| Access to mental health care   | 19%           | 21%           | 60%           | 31%      |
| Access to safe, affordable housing   | 15%           | 26%           | 59%           | 22%      |
| Access to affordable childcare   | 13%           | 27%           | 59%           | 10%      |
| Anxiety  | 12%           | 29%           | 59%           | 2%       |
| Poverty  | 11%           | 30%           | 58%           | 8%       |
| Depression   | 11%           | 31%           | 58%           | 2%       |
| Distracted driving   | 12%           | 32%           | 56%           | 6%       |
| Access to jobs providing a living wage   | 16%           | 30%           | 55%           | 18%      |
| Loneliness and or isolation  | 13%           | 32%           | 55%           | 0%       |
| Affordable healthcare  | 21%           | 26%           | 54%           | 18%      |
| Modern technology over use such as social media, video games, chat rooms                     | 18%           | 29%           | 54%           | 4%       |
| Aging population/ services for the elderly   | 14%           | 34%           | 52%           | 2%       |
| Understanding healthcare/health literacy   | 11%           | 39%           | 50%           | 4%       |
| Physical or cyber bullying   | 15%           | 38%           | 47%           | 3%       |
| Chronic diseases such as heart disease, diabetes, kidney disease, asthma, lung disease, etc. | 21%           | 36%           | 44%           | 7%       |
| Other types of addiction such as gambling, pornography, spending, etc.                       | 20%           | 36%           | 44%           | 2%       |
| Lack of physical activity  | 19%           | 39%           | 43%           | 1%       |
| Marijuana and or THC use   | 26%           | 31%           | 43%           | 2%       |
| Reliable, affordable transportation  | 22%           | 36%           | 42%           | 1%       |
| Dementia or Alzheimer's disease  | 17%           | 42%           | 42%           | 4%       |
| Access to healthy food   | 23%           | 36%           | 41%           | 5%       |
| Access to dental care  | 32%           | 28%           | 40%           | 18%      |

Respondents indicating that chronic diseases were a major problem were asked which chronic diseases they were most concerned about. Diabetes and heart disease were the top chronic diseases.

| Chronic Disease               | Check Box |
|-------------------------------|-----------|
| Diabetes                      | 84%       |
| Heart disease                 | 82%       |
| Cancer                        | 78%       |
| Lung disease                  | 52%       |
| Kidney disease                | 48%       |
| Asthma or respiratory disease | 43%       |
| Liver disease                 | 41%       |



“My doctor spends time to understand my concerns and gives me options without judgement....”

— Focus Group comment

Respondents were then asked about their satisfaction with current efforts to address the problem. Below is a table showing the least satisfied to the most satisfied. The scale ranges from 1 to 5, with 1 being “very dissatisfied” and 5 being “very satisfied.” The highest ranked issue was access to services for children with disabilities or special needs, which had a mean score of 2.5 (between a 2, “dissatisfied,” and a 3, “neither satisfied nor dissatisfied”). The table includes all issues with more than three responses. The lowest mean score was suicide at 1.14 (“very dissatisfied”).

| Top three issues of concern  | Mean | N= |
|--|------|----|
| Suicide  | 1.14 | 7  |
| Adult tobacco use and vaping   | 1.25 | 4  |
| Care for the unhoused population   | 1.32 | 22 |
| Access to safe, affordable housing   | 1.32 | 28 |
| Affordable healthcare  | 1.36 | 22 |
| Access to affordable childcare   | 1.38 | 13 |
| Understanding healthcare/health literacy   | 1.40 | 5  |
| Mental or behavioral health issues   | 1.40 | 30 |
| Access to medications  | 1.40 | 5  |
| Access to dental care  | 1.41 | 20 |
| Access to mental health care   | 1.49 | 39 |
| Distracted driving   | 1.50 | 8  |
| Access to healthy food   | 1.50 | 6  |
| Physical or cyber bullying   | 1.50 | 4  |
| Poverty  | 1.60 | 10 |
| Dementia or Alzheimer’s disease  | 1.60 | 5  |
| Affordable health insurance  | 1.64 | 14 |
| Youth tobacco use and vaping   | 1.64 | 11 |
| Substance use disorder - drugs or alcohol  | 1.69 | 35 |
| Access to specialty care such as cardiology, orthopedics                                     | 1.78 | 9  |
| Access to jobs providing a living wage   | 2.00 | 22 |
| Chronic diseases such as heart disease, diabetes, kidney disease, asthma, lung disease, etc. | 2.11 | 9  |
| Modern technology over use such as social media, video games, chat rooms                     | 2.20 | 5  |
| Access to services for children with disabilities or special needs                           | 2.50 | 4  |

## Focus Groups Summary

Stakeholders representing the broad interests of the community as well as those representing low-income, medically underserved, and minority populations, participated in focus groups on March 31, 2025, for their input into the community's health. Participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups.

The participants defined health physical, mental and emotional health, and overall well-being. They believe it is relative based on resources.

The most significant health issues for the communities were:

- Access to care and affordable health insurance
- Mental well-being
- Substance use disorder
- Socioeconomics – poverty, financial disparities
- Social drivers of health – homelessness, food insecurity

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- Add mental health services
- Add specialists at the hospital – nephrology, surgeons
- Add a detox center that includes youth 18 and under
- Focus on education
- More emphasis on fathers and family responsibilities
- Bring together all not-for-profits to know who they are and what they do
- Publicize resources and resource guide
- Build affordable, quality housing
- Reduce the stigma of addiction
- Build a huge teaching kitchen for cooking and nutrition classes; teach kids about healthy food
- Bigger hospital with more capacity
- Expand Medicaid
- Add a long-term mental health facility
- Higher wage jobs



## Health Status Data and Comparisons

Photo Source: Morristown-Hamblen Healthcare System

# Health Status Data

The 2025 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin<sup>2</sup> analyzes community conditions such as health infrastructure, physical environment and social and economic factors. The study looks at how these factors contribute to health outcomes or population health and well-being as measured by length and quality of life. To become the healthiest community in Tennessee and eventually the nation, Anderson County must close several community condition gaps.

County Health Rankings suggested the areas to explore for improvement in Hamblen County were:

- Lower food environment index (access to healthy foods and food insecurity)
- Higher uninsured
- Higher driving alone to work
- Lower completion of some college
- Lower high school completion

The strengths were:

- Higher flu vaccinations
- Higher mammography screenings
- Lower childcare cost burden

When analyzing the health status data, county results were compared to TN, the U.S., and the top 10% of counties in the U.S. (the 90th percentile) (where available). For additional perspective, TN was ranked the 44th healthiest state out of the 50 states. (Source: 2024 America's Health Rankings; lower number is better)

Tennessee challenges were:

- High prevalence of frequent mental distress
- High prevalence of multiple chronic conditions
- High prevalence of cigarette smoking

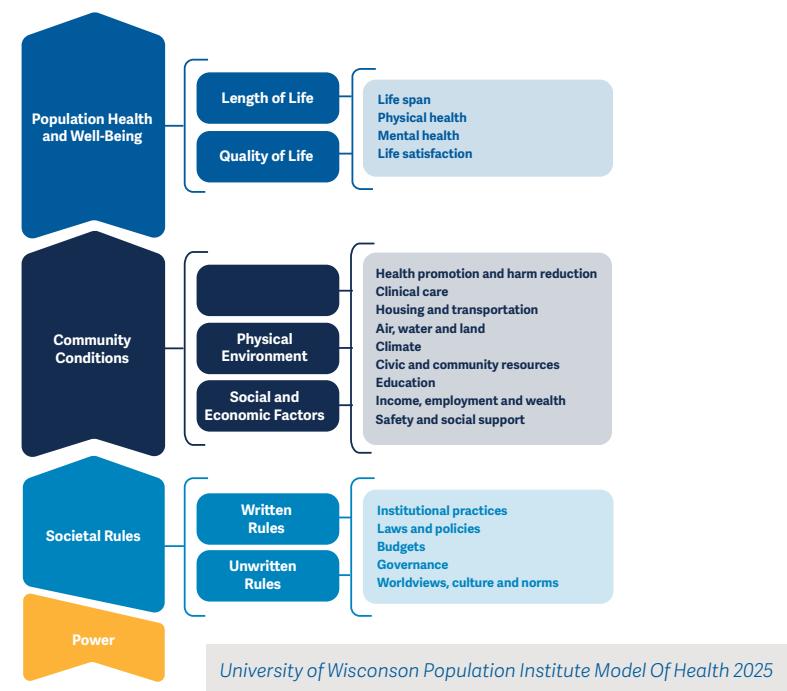
The strengths were:

- Low prevalence of excessive drinking
- Low income inequality
- Low percentage of households experiencing severe housing problems

<sup>2</sup>The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Tennessee's counties every year since 2003.

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other analyzed data are referenced below, such as causes of death, demographics, socioeconomic, and primary research. If a measure was better than TN, it was identified as a strength. Where an indicator was worse than TN, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them.

Although not all the health status data were derived from County Health Rankings, the data are organized using the following model. The model focuses on community conditions such as health infrastructure, physical environment, and social and economic factors, and their contribution to population health and well-being, as measured by length and quality of life.



## Rankings and Comparisons of Health Status

The following tables compare Hamblen County to Tennessee and the U.S. for health outcomes and community conditions. The trend column indicates whether the trend is increasing or decreasing. Green indicates improvement, red indicates decline. If the trend cell is empty, there is no change over the last four years. Trended graphs are available in Appendix 4.

### HEALTH OUTCOMES (LENGTH OF LIFE AND QUALITY OF LIFE)

Health Outcomes include measures for length of life and quality of life. Health outcomes tell us how long people live on average within a community and how much physical and mental health people experience in a community while they are alive.

| Indicators                      | Trend | County | TN     | U.S.  | Description  |
|---------------------------------|-------|--------|--------|-------|--|
| <b>Length of Life</b>           |       |        |        |       |  |
| Premature death                 | ↗     | 13,647 | 11,636 | 8,400 | Years of potential life lost before age 75 per 100,000 population (age-adjusted). 2020-2022  |
| Life expectancy                 | ↘     | 71.1   | 73.5   | 77.1  | Average number of years people are expected to live. 2020-2022   |
| Infant mortality                |       | 6.2    | 6.8    | 6.0   | Number of infant deaths (within 1 year) per 1,000 live births. 2016-2022   |
| Child mortality                 |       | 47.2   | 65.7   | 50.0  | Number of deaths among residents under age 20 per 100,000 population. 2019-2022  |
| <b>Quality of Life</b>          |       |        |        |       |  |
| <b>Physical Health</b>          |       |        |        |       |  |
| Poor or fair health             | ↗     | 22%    | 19%    | 17%   | Percentage of adults reporting poor or fair health (age-adjusted). 2022  |
| Poor physical health days       | ↗     | 5.6    | 4.7    | 3.9   | Average number of physically unhealthy days reported in past 30 days (age-adjusted). 2022  |
| Frequent physical distress      |       | 15%    | 15%    | 12%   | Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). 2022  |
| Low birth-weight babies         |       | 9%     | 9%     | 8%    | Percentage of live births with low birth weight (< 2,500 grams or 5lbs 8oz). 2017-2023   |
| Diabetes prevalence             |       | 12.3%  | 13%    | 10%   | Percentage of adults ages 20 and older with diagnosed diabetes (age-adjusted). 2022  |
| Adult obesity                   |       | 39%    | 38%    | 34%   | Percentage of the adult population (ages 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m <sup>2</sup> (age-adjusted). 2022 |
| HIV prevalence                  |       | 137.4  | 324    | 387   | Number of people ages 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. 2022                  |
| Cancer incidence                |       | 462.3  | 457.3  | 444.4 | Incidence rates (cases per 100,000 population per year) age-adjusted. 2017-2021  |
| Sexually transmitted infections |       | 364.0  | 538.1  | 495.0 | Number of newly diagnosed chlamydia cases per 100,000 population. 2022   |
| <b>Mental Health</b>            |       |        |        |       |  |
| Poor mental health days         | ↗     | 7.0    | 6.3    | 5.1   | Average number of mentally unhealthy days reported in past 30 days (age-adjusted). 2022  |
| Frequent mental distress        | ↗     | 22%    | 21%    | 16%   | Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). 2022  |
| Suicide rate                    | ↘     | 18.0   | 16.9   | 14.0  | Number of deaths die by suicide per 100,000 population (age-adjusted). 2018-2022   |
| Feelings of loneliness          |       | 37%    | 34%    | 33%   | Percentage of adults reporting that they always, usually, or sometimes feel lonely. 2022   |

## Community Conditions

Community conditions include the social and economic factors, physical environment, and health infrastructure in which people are born, live, learn, work, play, worship, and age. Community conditions are also referred to as the social determinants of health. (County Health Rankings, 2025)

| Indicators                          | Trend | County | TN   | U.S. | Description  |
|-------------------------------------|-------|--------|------|------|--|
| <b>Health Infrastructure</b>        |       |        |      |      |  |
| <b>Substance Misuse</b>             |       |        |      |      |  |
| Excessive drinking                  | ↗     | 17%    | 18%  | 19%  | Percentage of adults reporting binge or heavy drinking (age-adjusted). 2022                              |
| Adult smoking                       | ↘     | 21%    | 19%  | 13%  | Percentage of adults who are current smokers (age-adjusted). 2022  |
| Alcohol-impaired driving deaths     | ↗     | 23 %   | 25 % | 26 % | Percentage of driving deaths involving alcohol. 2018-2022  |
| Drug overdose deaths                | ↗     | 48.8   | 51   | 31   | Number of drug poisoning deaths per 100,000 population. 2020-2022  |
| <b>Healthy Eating/Active Living</b> |       |        |      |      |  |
| Physical inactivity                 |       | 30%    | 27 % | 23 % | Percentage of adults ages 18 and older reporting no leisure-time physical activity (age-adjusted). 2022  |
| Access to exercise opportunities    | ↗     | 64 %   | 68 % | 84 % | Percentage of population with adequate access to locations for physical activity. 2024, 2022 & 2020      |
| Food environment index              |       | 6.2    | 6.4  | 7.4  | Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). 2019 & 2022 |
| Food insecurity                     |       | 17%    | 14 % | 14 % | Percentage of population who lack adequate access to food. 2022  |
| Limited access to healthy foods     |       | 15%    | 9 %  | 6 %  | Percentage of population who are low-income and do not live close to a grocery store. 2019               |
| Insufficient sleep                  |       | 40 %   | 40 % | 37 % | Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). 2022              |

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church, and school. These are three excellent places to reach people to create a culture of health.



| Indicators                       | Trend | County | TN   | U.S. | Description   |
|----------------------------------|-------|--------|------|------|---|
| <b>Health Infrastructure</b>     |       |        |      |      |   |
| <b>Access to Care</b>            |       |        |      |      |   |
| Primary care physicians          |       | 1742   | 1440 | 1330 | Ratio of population to primary care physicians. 2021  |
| Dentists                         |       | 1552   | 1780 | 1360 | Ratio of population to dentists.2022  |
| Mental health providers          |       | 444    | 500  | 300  | Ratio of population to mental health providers. 2024  |
| Other primary care providers     |       | 460    | 540  | 710  | Ratio of population to primary care providers other than physicians. 2024   |
| Uninsured                        | ↘     | 13 %   | 11 % | 10 % | Percentage of population under age 65 without health insurance. 2022  |
| Uninsured children               |       | 5%     | 5 %  | 5 %  | Percentage of children under age 19 without health insurance. 2022  |
| Uninsured adults                 | ↘     | 17 %   | 13 % | 11 % | Percentage of adults under age 65 without health insurance. 2022  |
| <b>Prevention</b>                |       |        |      |      |   |
| Mammography screening            |       | 50 %   | 44 % | 44 % | Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. 2022   |
| Flu vaccinations                 |       | 48 %   | 49 % | 48 % | Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination. 2022  |
| Preventable hospital stays       | ↘     | 3116   | 2828 | 2666 | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. 2022  |
| COVID vaccinations               |       | 44 %   | 55 % | 70 % | Percentage of fully vaccinated recipients. May 2023   |
| Teen births                      | ↘     | 32     | 23   | 16   | Number of births per 1,000 female population ages 15-19. 2017-2023  |
| <b>Physical Environment</b>      |       |        |      |      |   |
| Drinking water violations        |       | No     | No   | No   | Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation. 2023                   |
| Air pollution particulate matter |       | 7.7    | 7.0  | 7.3  | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). 2020  |
| Broadband access                 |       | 88%    | 87%  | 90%  | Percentage of households with broadband internet connection. 2019-2023  |
| Childcare centers                |       | 11.3   | 9    | 7    | Number of child care centers per 1,000 population under 5 years old. 2010-2022  |
| Long commute, driving alone      |       | 40%    | 36%  | 37%  | Among workers who commute in their car alone, the percentage that commute more than 30 minutes. 2019-2023   |
| Access to parks                  |       | 29%    | 26%  | 51%  | Percentage of the population living within a half-mile of a park. 2024 & 2020   |
| <b>Housing</b>                   |       |        |      |      |   |
| Severe housing burden            |       | 12%    | 12%  | 15%  | Percentage of households that spend 50% or more of their household income on housing. 2019-2023   |
| Severe housing problems          |       | 12%    | 13%  | 17%  | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 2017-2021 |
| Home ownership                   | ↗     | 71%    | 67%  | 65%  | Percentage of owner-occupied housing units. 2019-2023   |

| Indicators                            | Trend | County   | TN       | U.S.     | Description   |
|---------------------------------------|-------|----------|----------|----------|---|
| <b>Social &amp; Economic Factors</b>  |       |          |          |          |   |
| <b>Economic Stability</b>             |       |          |          |          |   |
| Median household income               | ↗     | \$55,878 | \$64,035 | \$75,149 | The income where half of households earn more, and half of households earn less. 2024   |
| Unemployment                          | ↘     | 5.4%     | 4.0%     | 4.2%     | Percentage of population ages 16 and older unemployed, but seeking work. 2024   |
| Poverty                               |       | 17.3%    | 13.5     | 11.5%    | Percentage of population living below the federal poverty line. 2023  |
| ALICE household                       |       | 33%      | 30%      | 29%      | Percentage of households that are asset-limited, income-constrained, employed. 2022   |
| Children in poverty                   |       | 28.1%    | 19%      | 16%      | Percentage of people under age 18 in poverty. 2023 & 2019-2023  |
| Seniors in poverty                    |       | 22.2%    | 12.2%    | 11.3%    | Percentage of people 65 and older in poverty. 2023  |
| Income inequality                     |       | 4.6      | 4.6      | 4.9      | Ratio of household income at the 80th percentile to income at the 20th percentile. 2019-2023 (lower is better)  |
| Living wage                           |       | \$37.48  | \$43.13  |          | The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. 2024  |
| Children cost burden                  |       | 22%      | 22%      | 28%      | Number of childcare centers per 1000 pop. under age 5   |
| <b>Educational Attainment</b>         |       |          |          |          |   |
| School funding adeq.                  |       | -\$1,613 | -\$999   | \$1,411  | The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district. |
| 3rd grade math scores                 |       | 3.1      | 3.0      | 3.0      | Average grade-level performance for 3rd graders on math standardized tests. 2019  |
| 3rd grade reading level               |       | 3.1      | 3.0      | 3.1      | Average grade-level performance for 3rd graders on English Language Arts standardized tests. 2019   |
| High school completion                | ↗     | 87%      | 90%      | 89%      | Percentage of adults ages 25 and older with a high school diploma or equivalent. 2019-2023  |
| Some college                          | ↗     | 51%      | 63%      | 68%      | Percentage of adults ages 25-44 with some post-secondary education. 2019-2023   |
| <b>Family &amp; Social Engagement</b> |       |          |          |          |   |
| Children in single-parent households  |       | 31%      | 27%      | 25%      | Percentage of children who live in a household headed by a single parent. 2019-2023   |
| Social associations                   |       | 12.0     | 11.0     | 9.1      | Number of membership associations per 10,000 population. 2022   |
| Lack of social & emotional support    |       | 27%      | 10%      | 10%      | Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need. 2022   |
| Voter turnout                         |       | 52.7%    | 60.1%    | 67.9%    | Percentage of citizen population ages 18 or older who voted in the 2020 U.S. presidential election. 2020 & 2016-2020  |
| Census participation                  |       | 66.6%    |          | 65.2%    | Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire, or telephone). 2020  |
| <b>Community Safety</b>               |       |          |          |          |   |
| Homicide rate                         |       | 2.9      | 9.1      | 6.0      | Number of deaths due to homicide per 100,000 population. 2016-2022  |
| Firearm fatalities                    |       | 13.0     | 19.9     | 13.0     | Number of deaths due to firearms per 100,000 population. 2018-2022  |
| Motor vehicle crash deaths            |       | 12.8     | 17.2     | 12.0     | Number of motor vehicle crash deaths per 100,000 population. 2016-2022  |
| Violent crime                         |       | 558.6    | 621.4    | 377.1    | Number of violent crimes per 100,000 population. 2022   |
| Injury deaths                         | ↗     | 103.9    | 115.5    | 84.0     | Number of deaths due to injury per 100,000 population. 2018-2022  |

Sources: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. [www.countyhealthrankings.org](http://www.countyhealthrankings.org). CDC, FBI Crime Data Explorer, American Community Survey 5-year estimates, ESRI, MIT Living Wage Calculator, NIH, CDC State Cancer Profiles

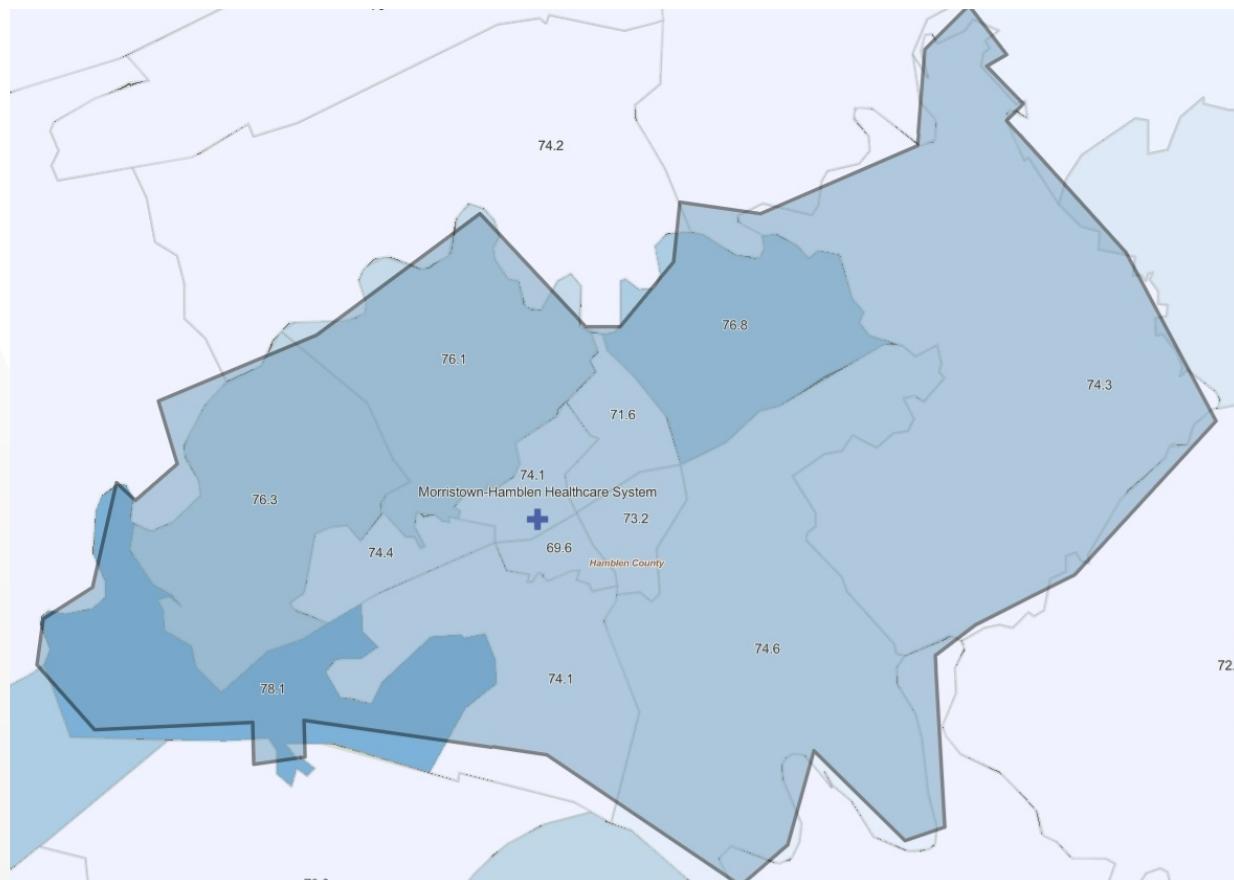
# Mapping Analyses

The following maps show the significant differences in populations by census tract within the county. Much of the demographic and health status data is available by county, and it is beneficial to see differences by geographic location to enact local solutions.

## LIFE EXPECTANCY AT BIRTH

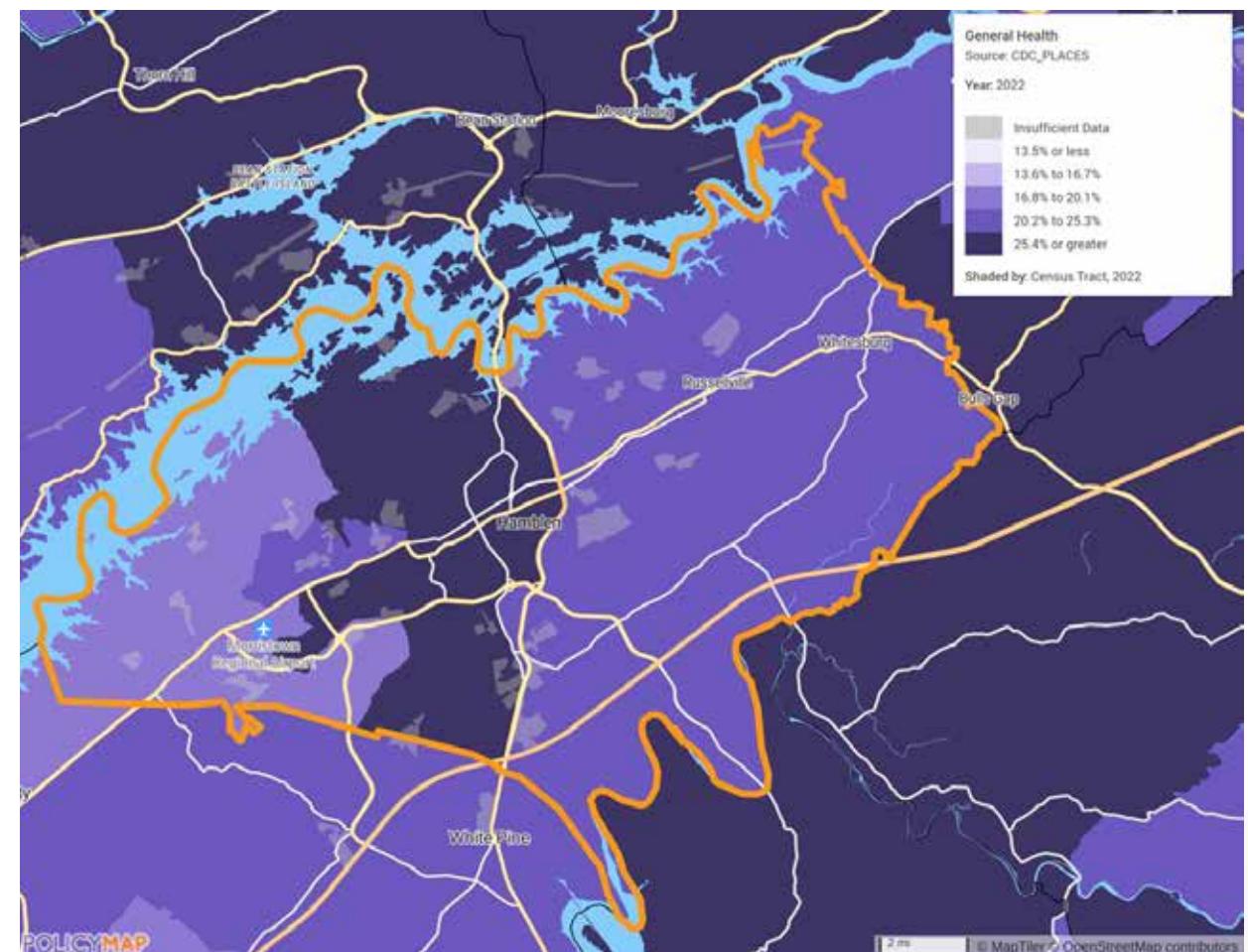
The darker areas have higher life expectancy, and the lighter areas have lower life expectancy. Life expectancy is impacted by lifestyle (diet, nutrition, and physical activity), environment (such as living conditions and access to healthcare), and genetics. (Source: [University of Florida, Department of Physiology & Aging](#), March 27, 2024)

The life expectancy was higher in the southern tract at 78.1 years compared to life expectancy south of the hospital with a life expectancy of 69.6.



## PERCENTAGE IN FAIR OR POOR HEALTH (BY CENSUS TRACT)

The darker the color, the larger the percentage of adults self-reporting poor or fair health. The census tracts in the middle of the county reported 25.4% or greater in poor or fair health.

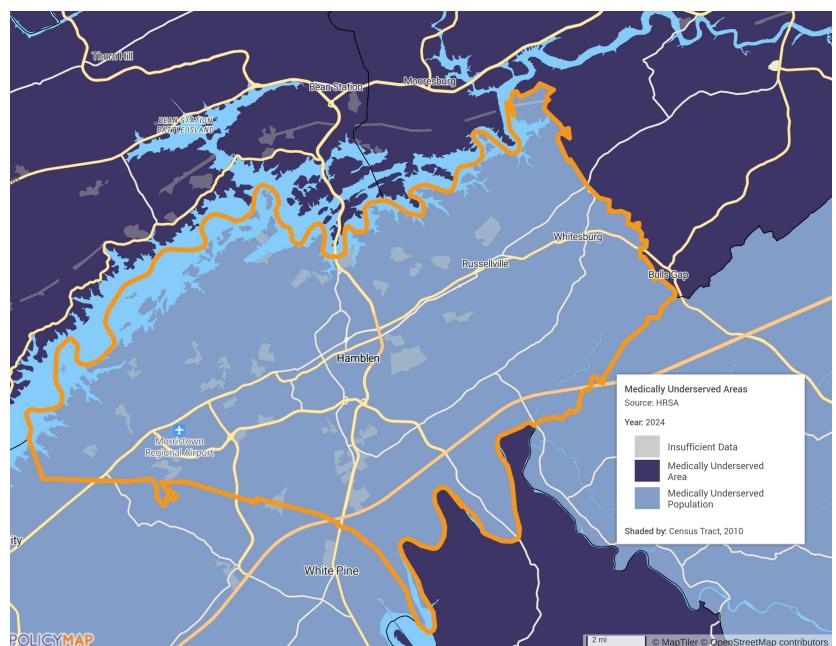


Hamblen County residents can expect to live six fewer years than the average U.S. resident.

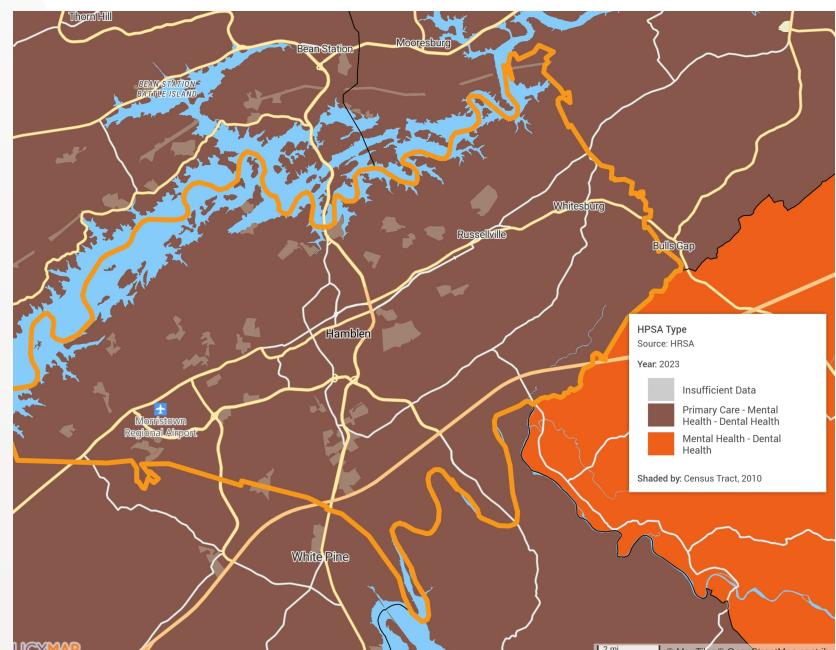


## MEDICALLY UNDERSERVED AND HEALTH PROFESSIONAL SHORTAGE AREAS

Hamblen County is a medically underserved area, according to Health Resources and Services Administration of the Department of Health and Human Services.



Hamblen County is also designated as a primary care, mental health, and dental health shortage area by the same department.



Source: PolicyMap: HRSA, 2024 & 2023

## Summary of Primary and Secondary Data – Most Significant Health Needs

The chart below summarizes all of the primary and secondary data revealing the significant health needs in the community. This information was used to create a list for summit participants to use in prioritizing the most significant health needs.

| 2022 Health Needs       | Secondary Data         | Focus Groups   | Surveys   | State/County Health Dept   |
|-------------------------|------------------------|--|---|----------------------------|
| Substance use disorders | Food environment index | Access to care and insurance   | Substance use disorder                                  | Nutrition security         |
| Mental health access    | Uninsured              | Access to mental health resources  | Affordable health insurance                             | Maternal and infant health |
| Cancer                  | Driving alone to work  | Substance use disorder   | Care for the unhoused population                        | Chronic conditions         |
| Obesity                 | Some college education | Social drivers of health - homelessness, food insecurity, poverty, safe and affordable housing, transportation | Youth/adult tobacco and vaping                          | Older adults               |
| Tobacco use & vaping    | High school completion | Healthy eating   | Mental/behavioral health issues, anxiety and depression | Transportation             |
|                         |                        | Family dynamics – child neglect  | Access to mental health care                            | Cancer screenings          |
|                         |                        |  | Access to safe, affordable housing                      | Workforce                  |
|                         |                        |  | Access to affordable childcare                          | Access to dental care      |
|                         |                        |  | Poverty/living wage jobs                                |                            |

Hamblen County had a higher median age (41) than TN (40.3) and the U.S. (39.1).





## Results of the CHNA: Prioritized Health Needs

Photo Source: Morristown-Hamblen Healthcare System

### PRIORITIZATION CRITERIA

At the Community Health Summit, the attendees reviewed community health information and used the criteria below to prioritize the community's health needs.

|                                 |  |
|---------------------------------|--|
| Magnitude                       | How big is the problem? How many individuals does the problem affect, either actually or potentially?    |
| Seriousness of the Consequences | What would happen if the issue were not made a priority?   |
| Equity                          | Does this affect one group more than others?   |
| Feasibility                     | Is the problem preventable? How much change can be made? What is the community's capacity to address it? |

### MOST SIGNIFICANT COMMUNITY HEALTH NEEDS FROM SUMMIT

Based on the secondary data, community focus groups, and community survey using the criteria above, community stakeholders selected the following significant health needs in the county. They voted using Mentimeter, selecting three priorities. The issues with the most votes are listed below with the number of votes received.

1. Substance use (7 votes)
2. (tie) Mental health, anxiety and depression (6 votes)
2. (tie) Healthy eating/active living (6 votes)
3. (tie) Access to mental health resources (4 votes)
3. (tie) Poverty/living wage (4 votes)
3. (tie) Language barriers (4 votes)

### MOST SIGNIFICANT COMMUNITY HEALTH NEEDS - FINAL

Based on the previous CHNA priorities, Health Department priorities, secondary data, focus groups, surveys, and the summit participants prioritization exercise, the steering committee selected the topics below as the most significant health needs in Hamblen County for the next three years. Based on feasibility, the steering committee ranked poverty/living wage lower on the list of priorities.

The steering committee also combined mental health and access to mental health resources, and expanded healthy eating, active living as the method to decrease chronic diseases including obesity. The group also broadened the topic of language barriers to include a number of access-to-care issues, including access to dental providers, physicians, and insurance. Due to recent federal budgetary changes, the group also included loss of federal funding as a need that could be a barrier to access to care.

1. Mental health, anxiety and depression and access to mental health resources
2. Substance use
3. Healthy eating/active living to decrease chronic diseases
4. Access to care – e.g., dental, language barriers, providers, insurance, loss of federal funding

# Impact of 2022 CHNA and Implementation Plan

Morristown-Hamblen Healthcare System engaged in numerous initiatives to help address the identified significant health needs from the CHNA conducted in 2022.

## 2022 MOST SIGNIFICANT HEALTH NEEDS:

1. Substance Abuse Disorders
2. Access to Mental Health Services
3. Cancer
4. Obesity
5. Tobacco Use and Vaping
6. Expanded Health Care Options

## IMPLEMENTATION ACTIVITIES TO ADDRESS NEEDS:

### 1. Substance Abuse Disorders

- Morristown-Hamblen Healthcare System adopted Covenant Health's "Opioid-light Protocol" to reduce the amount of narcotics prescribed in our Emergency Department. Narcotics are reserved for acute pain, and other non-narcotic methods of pain control are offered to patients with more chronic pain.

### 2. Access to Mental Health Services

- Morristown-Hamblen Healthcare System focused resources on local efforts and collaborated with local mental health providers as needed and as resources were available. For example, MHHS collaborated with Helen Ross McNabb Center to place an alcohol and drug counselor in the hospital's emergency department to help identify patients and appropriate local resources for assisting patients in a timely manner.
- Our Case Management Department has been educated regarding local resources that are available to those struggling with addiction.

### 3. Cancer

- The hospital's Morristown Regional Cancer Center offers comprehensive cancer care that includes medical oncology, chemotherapy, and radiation oncology, among other services. The program is the only provider of radiation therapy within a 45-mile radius of Morristown.
- Morristown-Hamblen invites community participation in the Jingle Run for Hope. Proceeds from the annual December 5K event benefit the Patient Assistance Fund at Morristown Regional Cancer Center. The event raised over \$100,000 in 2024.
- Morristown-Hamblen Healthcare System offers an annual "Think Pink" event to educate and encourage women in the community regarding the importance of annual mammograms. Approximately 400 women (staff and community) to date have received education about the importance of mammograms. Related activities included Lunch and Learns at Morristown Landing (50 community attendees), and an information table to educate hospital staff and sign them up for mammograms.
- In 2025 Morristown-Hamblen Healthcare System acquired a state-of-the-art stereotactic breast biopsy table. The table facilitates minimally invasive procedures to obtain tissue samples from breast abnormalities for examination and follow-up care. The acquisition was made possible through generous contributions to the Morristown-Hamblen Hospital Foundation. The new

system allows patients to receive high quality care locally rather than driving longer distances for diagnosis.

### 4. Obesity

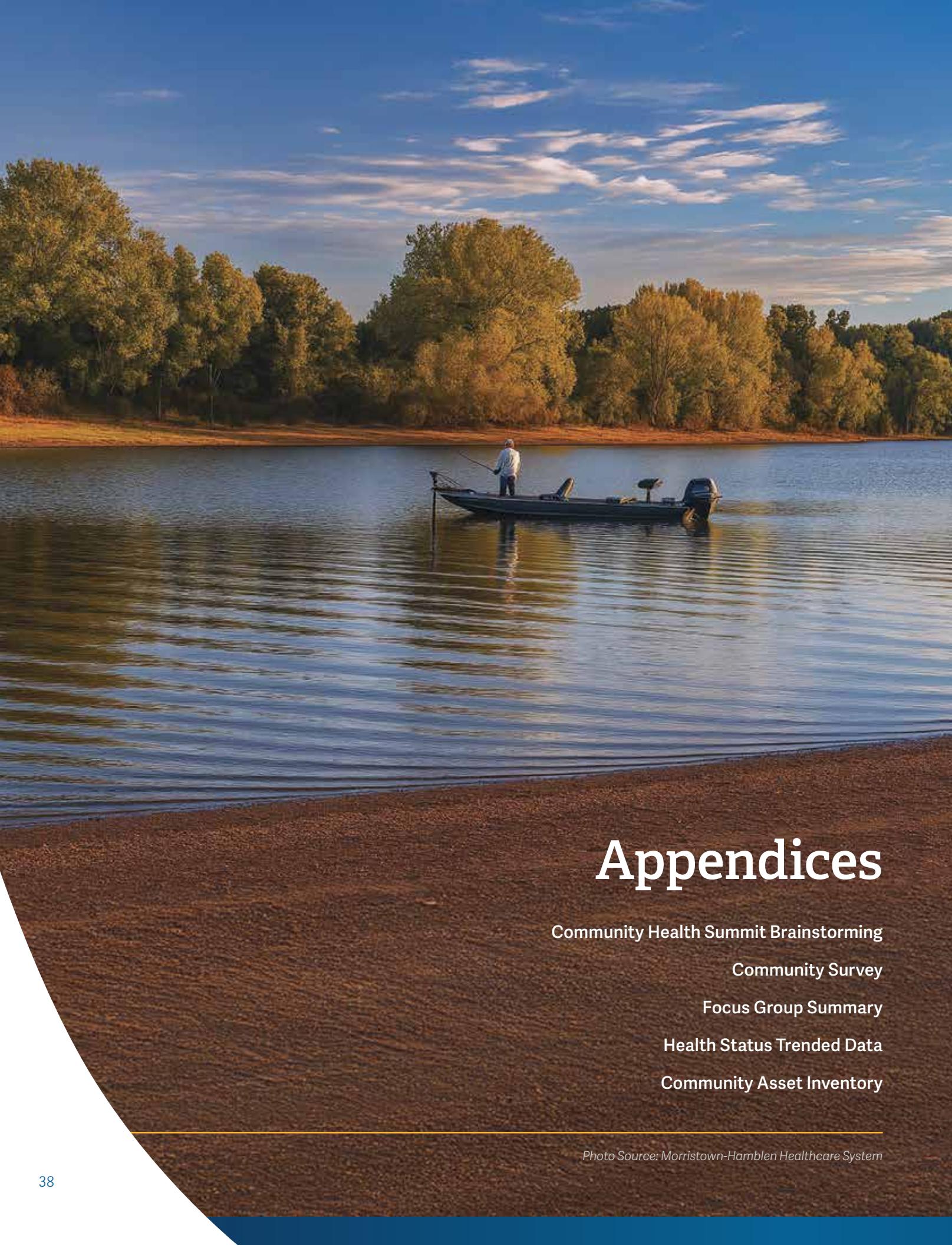
- Morristown-Hamblen continues to partner with Morristown Landing, a multi-purpose recreation and events center that provides wellness, sports, and activity programs. Morristown-Hamblen provides health education materials and programs on heart health and healthy lifestyles at the center. In 2024 the hospital hosted 30 health education Lunch and Learns and three health fairs.
- Covenant Health is the exclusive health and wellness partner for Morristown Landing, which the City of Morristown opened in 2023. The health system provides an on-staff athletic trainer to assist local participants in achieving their wellness goals. The facility is home to Covenant Health Therapy Center – Morristown, which provides physical therapy and specialty services to help patients recover from surgery or injury, and resume a more active lifestyle.

### 5. Tobacco Use and Vaping

- Morristown-Hamblen Healthcare System continues to offer Low-Dose CT screenings for people in the community who are at higher risk of lung cancer. This technology helps diagnose and treat cancer at earlier stages and is particularly beneficial for those who are long-term smokers and meet criteria for Low-Dose CT screening. Morristown-Hamblen provided 322 Low-Dose CT screenings in 2024 and 332 by October 2025.
- Morristown-Hamblen Healthcare System has annual health education and screening fairs across the community. Events include education in the school systems about the dangers of smoking and vaping. Morristown-Hamblen has participated in more than 15 health fairs over the past three years, at locations such as Morristown Landing, Hamblen County Government offices, Grainger County High School, Senior Citizen Center and the Future Ready Expo (reaching approximately 3,000 students).

### 6. Expanded Health Care Options

- To meet the growing healthcare needs of Morristown and the surrounding area, in 2023 Morristown-Hamblen Healthcare System opened Morristown-Hamblen West, a \$37 million outpatient facility that includes a free-standing emergency department, diagnostic services, a breast center, and physician offices.
- Morristown-Hamblen is certified as an Advanced Primary Stroke Center and is a member of Covenant Health's stroke hospital network. The network links Covenant Health's member hospitals in providing our region with access to rapid diagnosis and treatment of stroke.
- In 2023 Morristown-Hamblen Healthcare System was the first hospital in the Lakeway area to offer robotic-assisted joint replacement procedures. This advanced technology often results in less pain and faster recovery for patients.
- Morristown-Hamblen's key areas of service include the Heart, Lung, and Vascular Center; Women's Center, Breast Center; Morristown Regional Cancer Center; Outpatient Surgery Center; Emergency Department, and Critical Care Unit. Morristown Hamblen has received consecutive "A" grades in hospital safety from The Leapfrog Group and Zero Harm Awards for patient safety from Tennessee Hospital Association.



## Appendices

- Community Health Summit Brainstorming
- Community Survey
- Focus Group Summary
- Health Status Trended Data
- Community Asset Inventory

Photo Source: Morristown-Hamblen Healthcare System

### 1. Community Health Summit Brainstorming

Once the stakeholders prioritized the most significant health issues, the table groups discussed what might be done to improve each issue. Below are notes from the brainstorming. We encourage other community organizations to use this list when deciding on projects and initiatives.

#### **SIGNIFICANT HEALTH NEED 1: SUBSTANCE USE**

##### **Goal 1: Increase prevention activities**

**Action 1 –** Provide education to community members on the dangers of substance use

Resources/collaborators needed: Emergency services, McNabb Center, schools, healthcare providers, Chamber, senior centers, churches, paid advertisement, social media

**Action 2 –** Provide education for community agencies that may interact with persons facing substance use issues

Resources/collaborators needed – Emergency services, McNabb Center, schools, healthcare providers, Chamber, senior centers, churches, paid advertisement, social media

##### **Goal 2: Increase treatment services**

**Action 1 –** Provide treatment for inmates and those in the jail-to-work programs

Resources/collaborators needed – Drug court, jail, sheriff's department, police department

**Action 2 –** Provide affordable rehabilitation, motivation to stop using substances, raise awareness, remove stigma

Resources/collaborators needed – Funders, social media, community events, leverage online counseling platforms

**Additional Comments:** Potential partner: opioid abatement board, which has money to spend on stopping substance misuse

Encourage people to not start taking drugs

Loneliness, depression, and anxiety are related to mental health, which can then be related to substance use.

## SIGNIFICANT HEALTH NEED 2: MENTAL/BEHAVIORAL HEALTH

### Goal 1: Increase access to mental health services, resources, and education

**Action 1** – Create partnerships and connections among agencies/public institutions to conduct training and events for professionals and communities

**Action 2** – Provide community education program on mental health and connect to resources

### Goal 2: Increase awareness, prevention, and early intervention

**Action 1** – Tap into the general public to bring their gifts, talents, and resources to address substance use.

**Action 2** – Support existing resources and their efforts

**Additional Comments** – All of these go together - early childhood traumas, inability to regulate the nervous system, mental health is the root cause. There are spaces called "healing places." These can be a local bar with a back room, library, church, anywhere where people can be seen, heard, and understood.

## SIGNIFICANT HEALTH NEED 3: HEALTHY EATING/ACTIVE LIVING

### Goal 1: Increase the percentage of the population who are proactively "eating healthy"

**Action 1** – Educate the community on healthy eating resources

Resources/collaborators needed – SNAP, senior vouchers, meals on wheels, various options for produce, farmers, schools, health department, UT extension, parents

**Action 2** – Partner with local farmers to create community and school gardens

Resources/collaborators needed – SNAP, senior vouchers, meals on wheels, various options for produce, farmers, schools, health department, UT extension, parents, businesses, transportation

### Goal 2: Increase population who are active

**Action 1** – Educate the community about existing resources to support an active lifestyle

Resources/collaborators needed – Parks, schools, city and county leadership, events like fun runs

**Action 2** – Educate the community on ways to be active at home and on their own

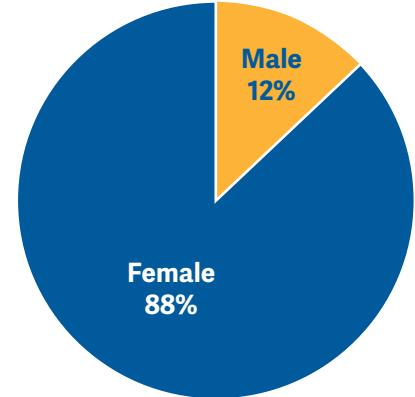
Resources/collaborators needed – Educators, parks department, online resources

## 2. Community Survey

Morristown-Hamblen Healthcare System and StrategyHealth conducted an online community survey in Hamblen County. StrategyHealth combined and analyzed the results. From February 15 through May 9, 2025, 151 online surveys were completed. Below are the demographics of the survey. The results are on pp. 19-21.

### Demographics

#### Gender



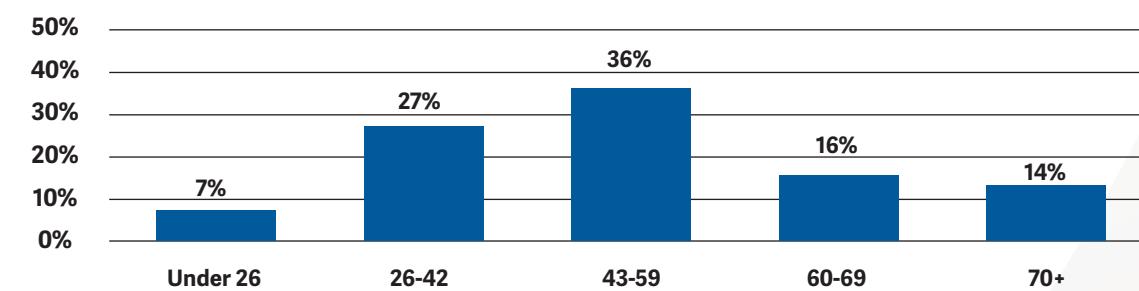
#### Ethnicity & Race

| Hispanic | %   |
|----------|-----|
| Yes      | 4%  |
| No       | 96% |

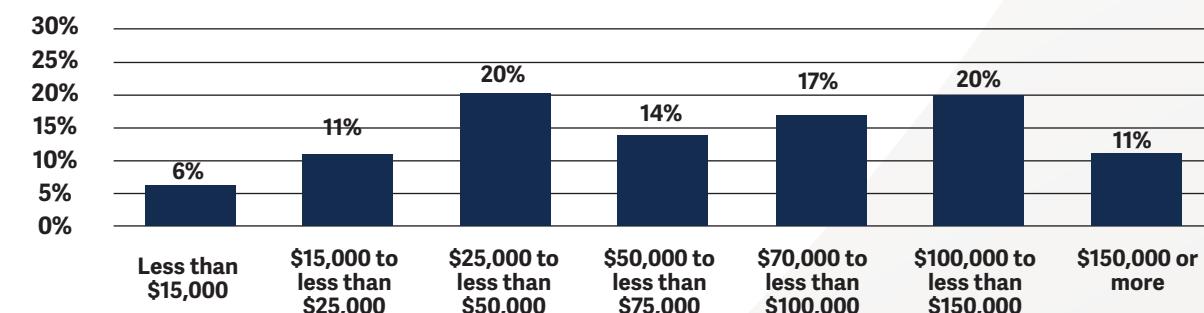
  

| Race               | %   |
|--------------------|-----|
| White              | 92% |
| Black              | 3%  |
| More than one race | 2%  |
| Other              | 1%  |

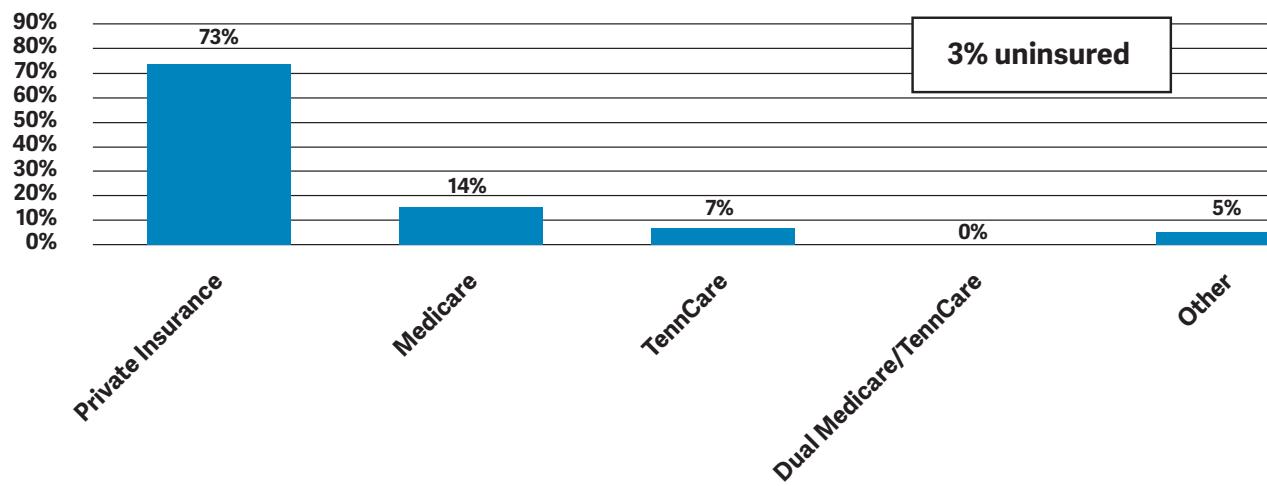
#### Age



#### Household Income



## Health Insurance



## 3. WHAT ARE THE BIGGEST HEALTH NEEDS, CONCERNS OR ISSUES FOR THE COMMUNITY TODAY?

- **Access to care/affordable ins**
  - Threats of cuts to Medicaid
  - Lack of access to dental care
  - 52,000 ED visits per year indicate primary care access is an issue
  - Socioeconomics for providers are an issue – mental health, pediatrics. It is difficult to recruit specialties
  - Cost of healthcare for the middle class and those with high-deductible health plans which are so prevalent now. They don't want to seek care due to out-of-pocket costs
- **Mental health**
  - Mental health
  - Children's mental health
  - Mental health and substance abuse are often co-occurring conditions that go hand in hand
- **Substance use disorder**
  - Tobacco use
  - Drug use
  - Need a detox center to meet both of these challenges. We have to send them out to other locations based on insurance.
- **Socioeconomics/social drivers of health**
  - Homelessness
  - Food insecurity – all ages
  - Poverty
  - Financial disparities – some can't afford basic needs
- **Obesity**
- **Child neglect**
- **Diverse populations have different health needs**
- **Rural areas are struggling**

## 3. Focus Group Results

Stakeholders representing the broad interests of the community as well as those representing low-income, medically underserved, and minority populations participated in focus groups on March 31, 2025, for their input into the community's health. Below is a summary of the focus groups' feedback.

### 1. HOW DO YOU DEFINE HEALTH?

- Being able to get up in the morning, move around, be with loved ones without pain
- Social determinants of health more so than clinical conditions
- Mental and physical health and well-being
- Morristown Landing met their 5-year membership goal in one year, so there's a desire to be active.
- Depends on resources

### 2. FOR THE PURPOSES OF THIS CHNA, THE COMMUNITY IS HAMBLEN COUNTY. GENERALLY, HOW WOULD YOU DESCRIBE THE COMMUNITY'S HEALTH?

- Fair
- Needs improvement
- Plethora of resources – we're a hub for surrounding counties. Our daytime population swells to over 100,000 people
- Different for different populations

#### 4. WHAT ARE THE MOST IMPORTANT HEALTH ISSUES FACING VARIOUS POPULATIONS?

- **Low-income populations, medically underserved:**
  - Socioeconomics/social drivers of health
  - Poverty
  - Lack of ability to afford medications
  - Homelessness
  - Pregnancy care, WIC
  - Transportation/ ability to get to where you need to go
  - Mental health/substance use disorder
    - Mental health and drug abuse go hand-in-hand, easily accessible coping mechanism
    - Stigma of mental health
    - Lack of mental health providers
    - Covenant Health closed the behavioral health unit at Morristown-Hamblen six months ago
    - A huge resource is gone; there is nowhere to send people. Greeneville also closed their unit.
      - No access to mental health
      - Lack of health insurance
      - 180 non-profits in the community, who are they? How do they help?
      - Resources are so burdened
- **Minority populations:**
  - Hispanic population – lack of access to care. They primarily go to Cherokee FQHC.
  - Undocumented population – fear to seek care
  - English as a second language population – fear and language barriers
  - Micronesian population – language barriers, tribal culture
  - There is a stigma with help-seeking, particularly in the Hispanic populations
  - There's a stigma with what gets resources and support, such as medical-assisted treatment
  - Lack of translation resources and the consequences of communication breakdowns can be extremely detrimental, if not deadly
- **Children/youth:**
  - Mental wellness
    - Mental health, even elementary, 10-year-olds contemplating suicide
    - Too much screen time creates social isolation like seniors experience
    - Stress
    - Bullying – physically and online
  - Substance use
    - Vaping
    - Substance abuse particularly in males, then progresses and becomes a legal issue
    - Overdoses in the school system
  - Nutrition
    - Nutrition and activity resulting in obesity
    - Not able to afford healthy foods. Parents are trying to fill bellies, not feed healthy food.
    - Some people are not educated about real food. Sometimes it's lack of time, going to fast-food restaurants instead of cooking at home
  - Family dynamics
    - Different family structures, kids being raised by grandparents, breakdown of family structures
    - Neglect – parent's poor mental health, drugs, alcohol, self-absorption
  - Access to care and insurance
    - Getting an autism assessment is such an ordeal, long delays, lots of demand, and lots of children on the spectrum in the county
    - Get them insurance so they can get care
  - Peer pressure
  - Have to educate not only the kids but the parents, whole-person care with adolescents
- **Seniors:**
  - Social isolation
  - Access to safe, affordable housing
  - Transportation
  - Poverty – choices to pay electric bill, food, or medicine
  - Meals on Wheels is inadequate to serve all seniors, long wait list, so nutrition and how to get food to seniors
  - Heart disease
  - Stroke

- Non-English-speaking seniors don't access healthcare until it is too late
- Lung cancer survival rates are low because of discovery at later stages
- Tobacco use among seniors is still high
- Grandparents caring for grandchildren with parents absent. 40-50% of kids in Hamblen County are raised by grandparents.

## 5. WHAT PROGRESS HAS BEEN MADE ON THE 2022 PRIORITIES?

- **Substance use disorder**
- **Mental health access**
- **Tobacco use and vaping**
- **Cancer**
- **Obesity**
  - Lack of access to mental health is worse
  - Tobacco use has shifted from smoking to vaping
  - TN Together Survey – youth vaping questions. Only 34 vapes are FDA-approved
  - Seniors are still smoking – they need food, but how do they afford cigarettes
  - More people are working out and using parks
  - Low-income households can't afford to join a gym
  - Lack of sidewalks and there are some places I wouldn't feel safe
  - Have to force kids to be active
  - Seems as bad or worse

## 6. WHAT ENVIRONMENTAL FACTORS HAVE THE BIGGEST IMPACT ON COMMUNITY HEALTH?

- **Housing**
  - Affordable, quality housing
  - Housing – finding stable housing is so difficult. Finding housing rapidly for domestic abuse victims can't happen.
- **Air quality**
  - Chicken plant air quality in town, large employer
  - Pollen
- **Transportation**
  - Lack of public transportation. There is LAMPTO in partnership with ETHRA and they're trying, but it only goes so far and is offered only so long during the day. We have many 24-hour operations here that need employees to have rides to work. Need to expand to the industrial park.
  - The lack of transportation also leads to delays in hospital discharges

## 7. WHAT DO YOU THINK THE BARRIERS WILL BE TO IMPROVE HEALTH IN THE COMMUNITIES?

- Desire, willing to come forward to get the health support they need. People have to want to change, put in the work. They may be discouraged from past failures.
- Building apartments, but slow and prices are high, \$1,200 for a one-bedroom.
- Need more housing authority-qualified housing
- Easier to make excuses than do something
- Transportation – the TDOT website reads, "all counties in TN have public transportation." Reality isn't true. Lakeway Transit runs on a schedule. ETHRA transportation is by appointment with a 1-hour lead time for each trip and no one knows when they're going to be picked up. Using electric vehicles and losing charge after 2 hours takes a lot of time to charge them.
- No public pool—have two splash pads where homeless people hang out, don't feel safe
- Not enough financial resources for the not-for-profit organizations
- Not enough promotion of services available, word-of-mouth isn't in the right places
- Crime rate can be challenging
- Differing cultures
- Cultural stigmas – it's ok to ask for help and figure out where to go
- Lack of an engaged population supporting health
- Mental health issues inhibit your will to impact health

## 8. WHAT COMMUNITY ASSETS SUPPORT HEALTH AND WELL-BEING?

- Hola Lakeway – provide translation services
- The Health Department II - offers nicotine replacement therapy
- Excellent park system, greenways
- State park
- Hospital is state-of-the-art
- Rural medical services out of Cocke Co. do a lot of work in the Hispanic community and take people to appointments
- Churches, community outreach
- Girls, Inc.
- Boys and Girls Club
- The Landing II
- Robust Physical Therapy has a pool
- Health County Interagency Coalition (HiC) 25 agencies meet every month and make a calendar, but do people know about it?

- [Hamblenresourceguide.org](http://Hamblenresourceguide.org), an online resource guide
- Health Connect
- McNabb Center – collaborative, partnership oriented
- Good at finding grant funding
- People born and raised in the county invest in the community
- We're a hub between Knoxville and Tri-Cities, so have a lot of resources
- Sheriff's Department – drug takeback programs
- School Resource Officers are extra support for kids
- The crisis intervention team trains first responders on de-escalation techniques and communications and they acknowledge that what has worked in the past hasn't worked and are willing to try something new
- Drug court – great judge
- Mental health recovery court
- The new county mayor is trying and listening
- Population is growing and with growth comes more resources
- Socioeconomic challenges, but low unemployed population
- Good community infrastructure like roads

## 9. IF YOU HAD A MAGIC WAND, WHAT IMPROVEMENT ACTIVITIES SHOULD BE A PRIORITY FOR THE COUNTIES TO IMPROVE HEALTH?

- Add mental health services
- More specialists at the hospital – nephrology, surgeons – want to go to the doctor and stay in Hamblen County
- Youth 18 and under detox center, currently the closest one is Erlanger in Chattanooga
- Education is huge
- Bring dads back home, family responsibilities
- Bring together all non-profits, know who they are and what they do
- Publicize the resources and resource guide and the HiC calendar
- Build affordable, quality housing
- Reduce stigma of addiction in town. People don't want to acknowledge it's part of their families. It's hard with the problem not acknowledged. Need to acknowledge Hamblen County has a substance use disorder problem.
- Remove protectionism and install collaboration in all agencies
- Huge teaching kitchen for cooking classes and nutrition classes
- Kids don't know what vegetables are – squash, cucumbers
- Cheap food versus healthy food

- Bigger hospital with more capacity, always overloaded
- You can lead a horse to water but can't make them drink. There's a population that won't get onboard with community health.
- Break down the stigma of asking for help is OK
- Education piece is huge, but we have to water down content so much, we want to be real. We want to talk about suicidal ideation, but parents don't want this introduced. They think talking about things will bring it about. There's also the attitude of "this doesn't happen here."
- Tennessee should expand Medicaid
- Insurance should pay 200% of the Medicare fee schedule for preventive care. It is the only way to roll out this prevention model.
- Add a detox center here
- Add long-term mental health facility – homeless mental health patients are the ones who got turned out of long-term mental health hospitals. This would help hospitals and jails as well as the patients. We've learned a lot about caring for mental health patients since the '90s.
- Would like to see higher median income and higher-wage jobs.



## 4. Health Status Trended Data

### Rankings and Comparisons of Health Status

In most of the following graphs, Hamblen County will be blue, Tennessee will be orange, U.S. will be red, and the 90th percentile of counties in the U.S. will be gold.

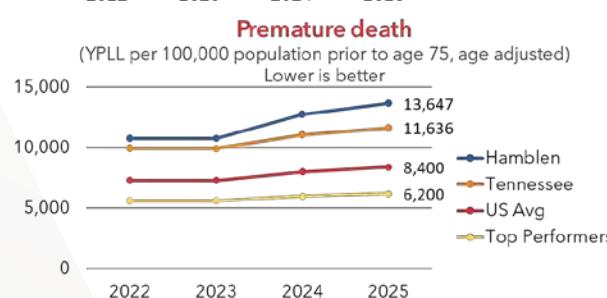
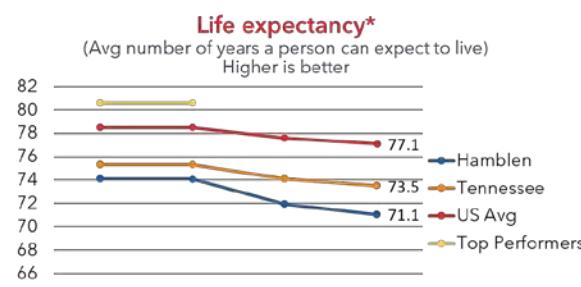
### Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures.

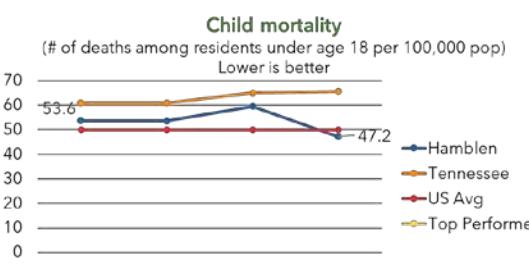
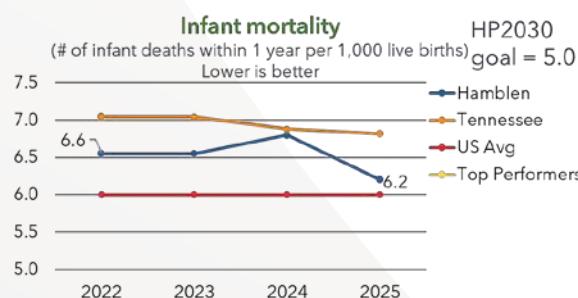
#### Length of Life

Length of life was measured by years of potential life lost (YPLL) per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Hamblen County lost 13,647 years of potential life per 100,000 population, which was higher than TN and the U.S.

Hamblen County residents can expect to live 6 fewer years than the average U.S. resident.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2020-2022



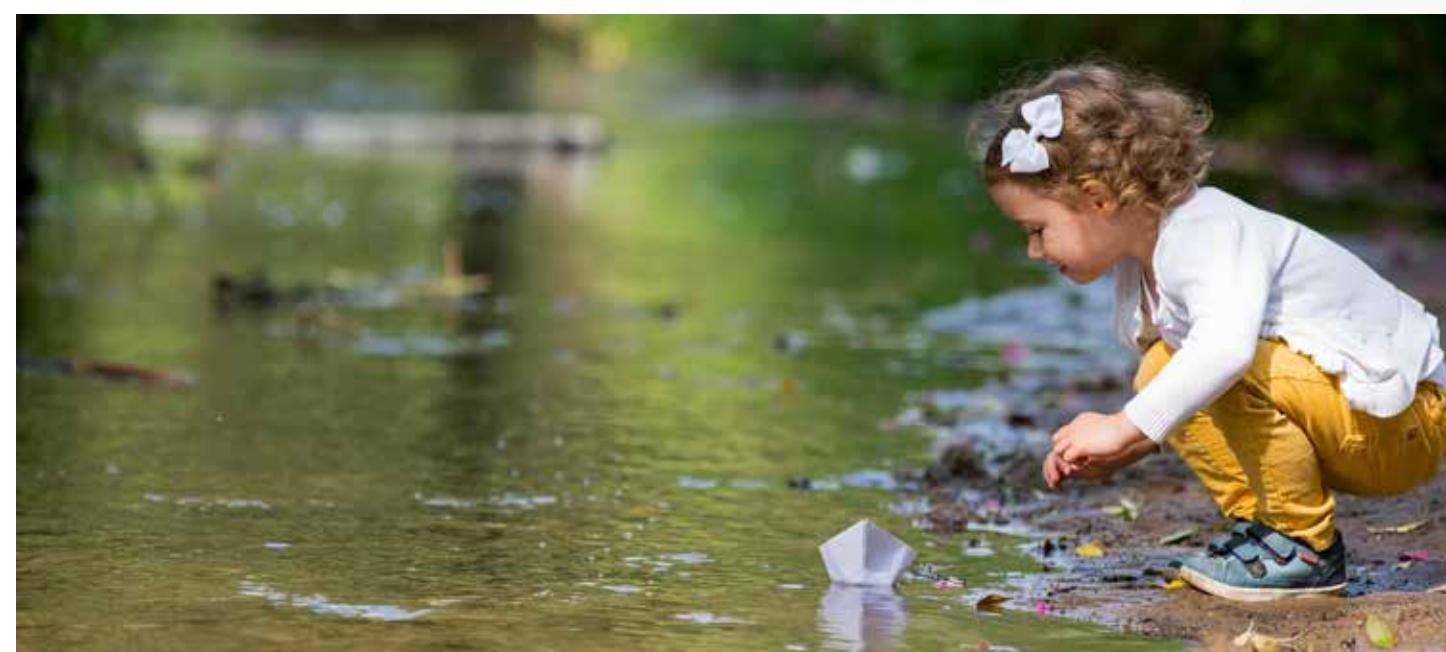
Source: CHR; National Center for Health Statistics – Natality & Mortality File 2016-2022  
Child Mortality: CHR; National Center for Health Statistics – Mortality files; Census 2019-2022

### Leading Causes of Death: Crude Rate per 100,000 Population

| Cause of Death 2021-2022           | Hamblen | TN    | US    |
|------------------------------------|---------|-------|-------|
| Heart Disease                      | 357.0   | 259.0 | 207.0 |
| Cancer                             | 258.0   | 209.0 | 183.0 |
| Accidents (Unintentional injuries) | 103.0   | 98.8  | 67.3  |
| Cerebrovascular Diseases           | 49.5    | 54    | 49.1  |
| Chronic Lower Respiratory Disease  | 133.0   | 60.4  | 43.8  |
| COVID-19                           | 63.2    | 48    | 35.4  |
| Alzheimer's Disease                | 63.9    | 39.8  | 35.0  |
| Diabetes                           | 41.1    | 37.2  | 29.4  |
| Nephritis                          | 28.9    | 17.5  | 16.9  |
| Liver Disease                      | 28.2    | 18.9  | 16.0  |
| Influenza & Pneumonia              | 25.9    | 13.5  | 13.8  |
| Septicemia                         | 23.6    | 15.1  | 12.6  |

Rates in red represent death rates higher than TN. The leading causes of death in Hamblen County were heart disease, cancer, chronic lower respiratory disease, and accidents, followed by Alzheimer's disease.

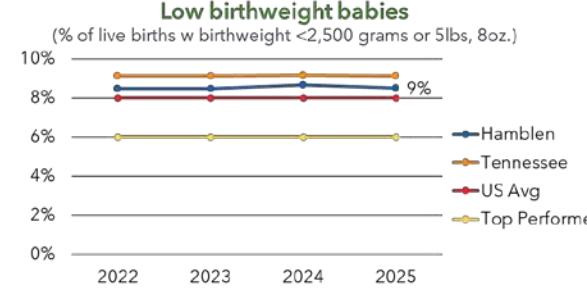
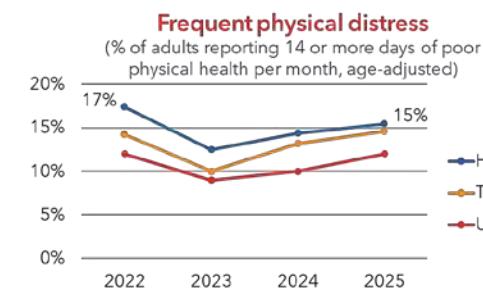
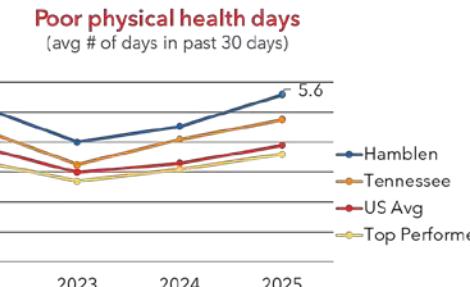
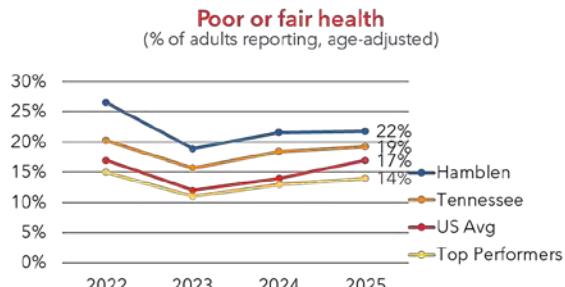
Source: Wonder CDC.gov (2021-2022) Age-adjusted rates per 100,000 population.



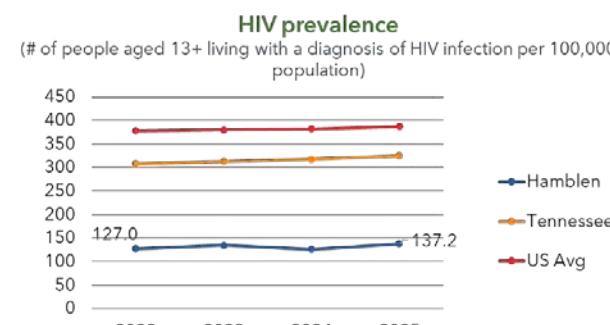
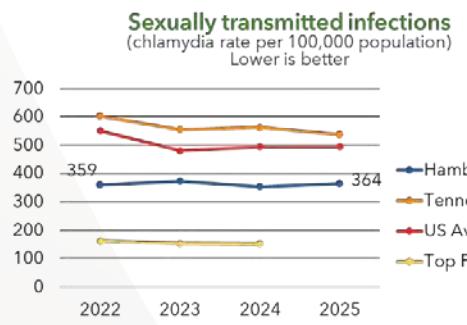
## Quality of Life

### Physical Health

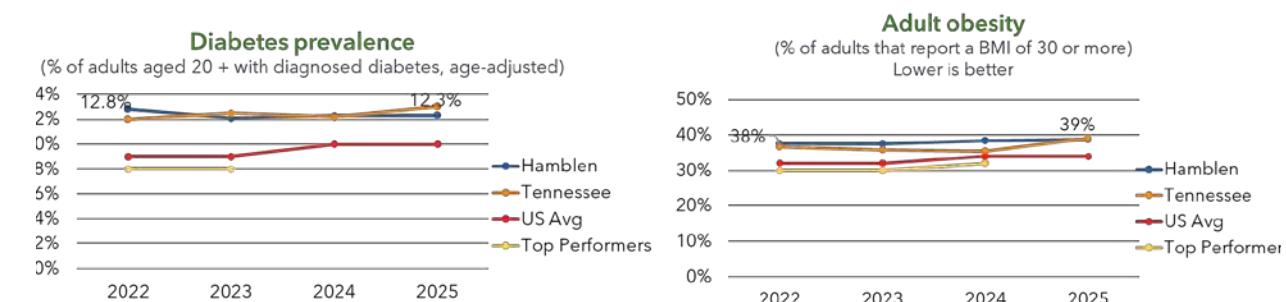
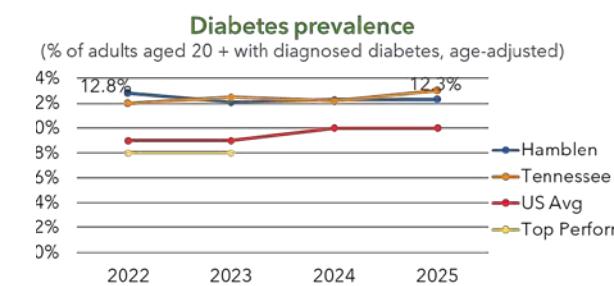
Quality of life was measured by % reporting fair or poor health, the average number of poor physical health days, frequent physical distress, and low birthweight babies.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022  
Source: County Health Rankings: National Center for Health Statistics – Natality files (2017-2022)



Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022  
HIV Prevalence - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022  
Cancer incidence rates – NIH, CDC State Cancer Profiles, 2017-2021

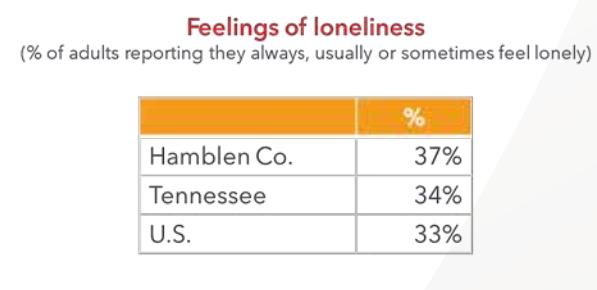
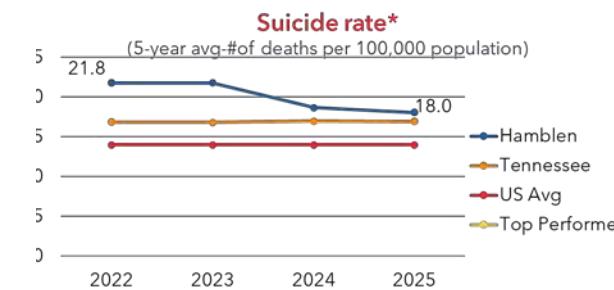
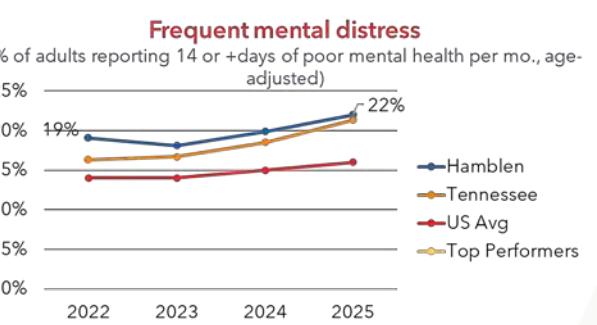
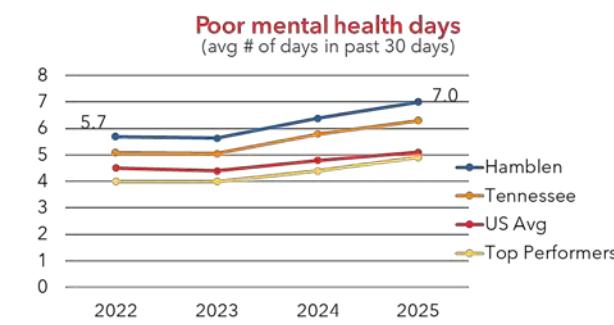


Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022

### Mental Health

Quality of life was measured by poor mental health days, frequent mental distress, suicide rate, and feelings of loneliness.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022

Source: County Health Rankings: National Center for Health Statistics – Mortality files (2018-2022)

## COMMUNITY CONDITIONS

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship, and age. Community conditions are also referred to as the social determinants of health. (CHR, 2025)

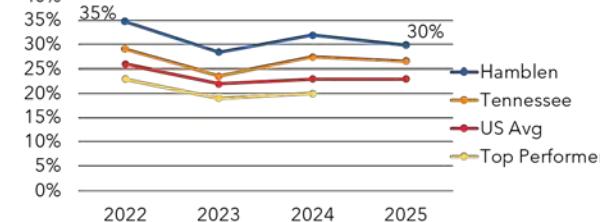
### Health Infrastructure

Health infrastructure includes prevention, healthy eating and active living, substance misuse, and clinical care.

### Healthy Living

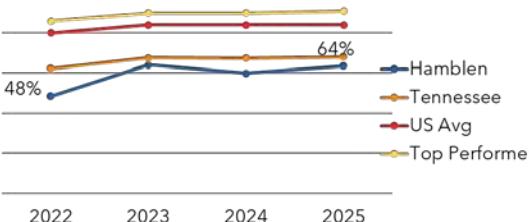
#### Physical inactivity

(% 20 yo+ reporting no leisure time physical activity) HP2030 goal = 22% Lower is better



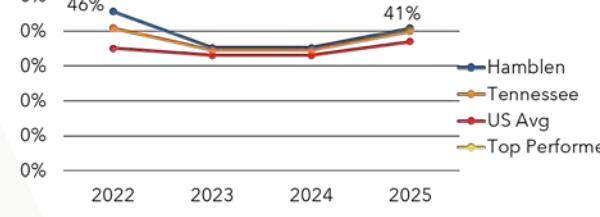
#### Access to exercise opportunities

(% of population with adequate access to locations for physical activity) Higher is better



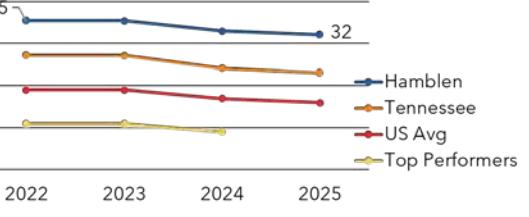
#### Insufficient sleep

(% of adults who report < 7 hrs. of sleep on avg., age adjusted) Lower is better



#### Teen birth rate

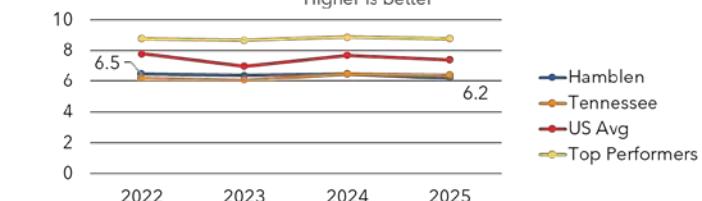
(# of births per 1,000 female population ages 15-19) Lower is better



### Access to Healthy Foods

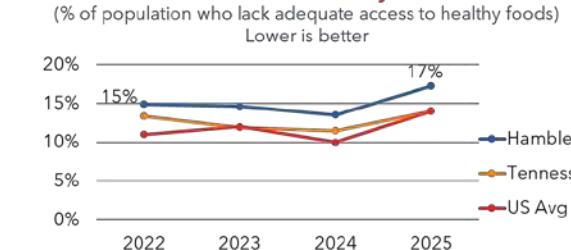
#### Food environment index

(access to healthy foods and food insecurity) Higher is better



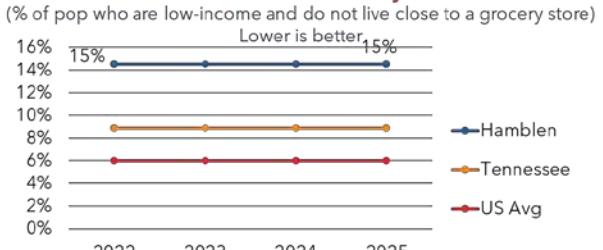
#### Food insecurity

(% of population who lack adequate access to healthy foods) Lower is better



#### Limited access to healthy foods

(% of pop who are low-income and do not live close to a grocery store) Lower is better



The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 & 2022 | Source: Food insecurity – Map the Meal Gap, 2022  
Source: Limited access to healthy foods – USDA Food Environment Atlas, 2019

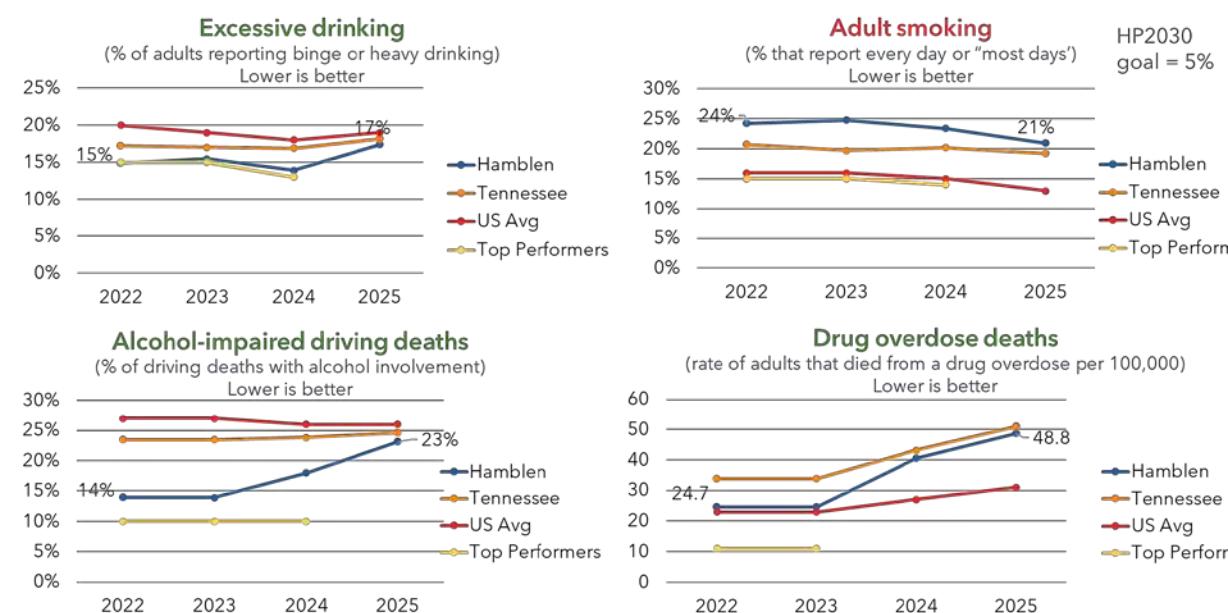
Source: Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2022

Source: Access to exercise opportunities – CHR, ArcGIS Business Analyst, YMCA, & US Census Tigerline Files, 2024, 2021 and 2020. Measures the percentage of individuals in a county who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCA's, dance studios, and pools, based on SIC codes)

Source: Insufficient sleep – CHR, Behavioral Risk Factor Surveillance System (BRFSS), 2022

Source: Teen birth rate – CHR, National Center for Health Statistics-Natality Files; Census Population, 2017-2023

## Substance Misuse



Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022

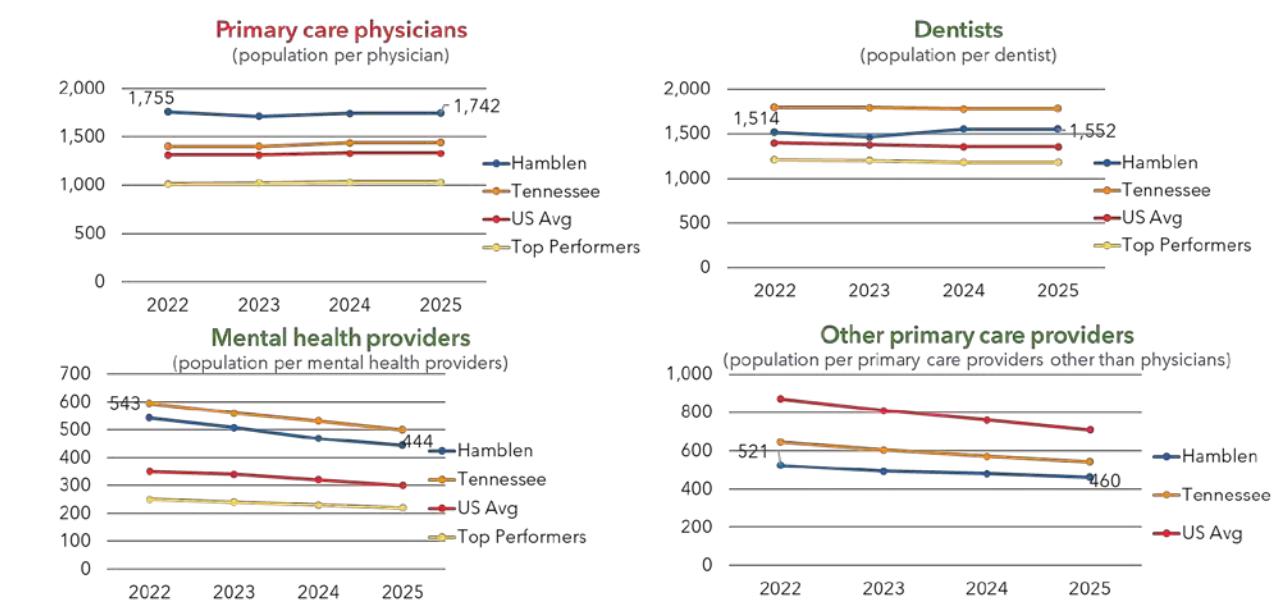
Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2018-2022

Source: Drug overdose deaths – National Center for Health Statistics – Mortality Files, Census Population, 2020 - 2022

## Clinical Care

Clinical care is made up of access-to-care measures of population per primary care physicians, dentists, mental health providers, and other primary care providers, along with uninsured and prevention measures.



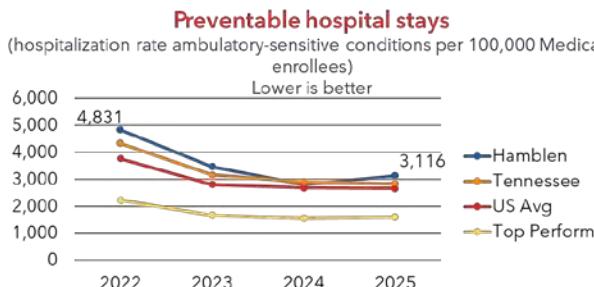
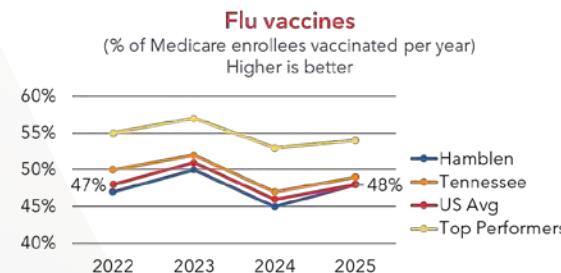
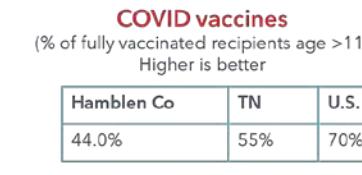
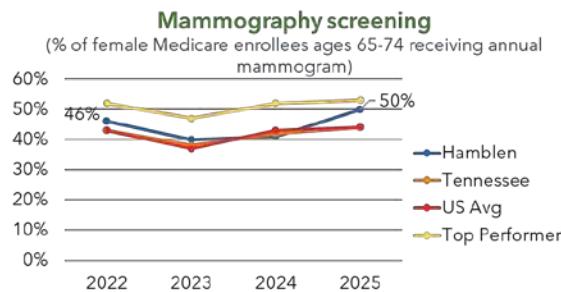
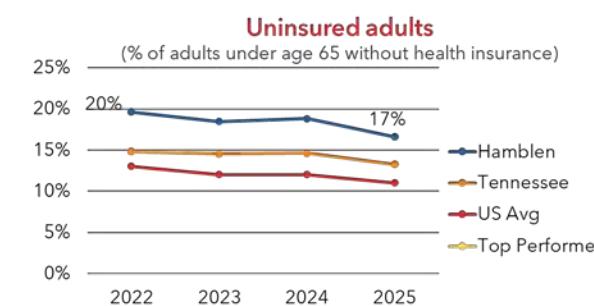
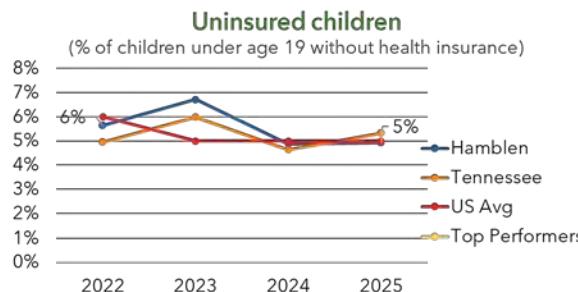
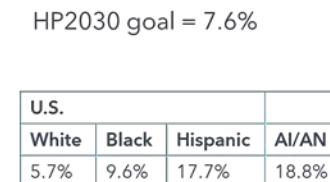
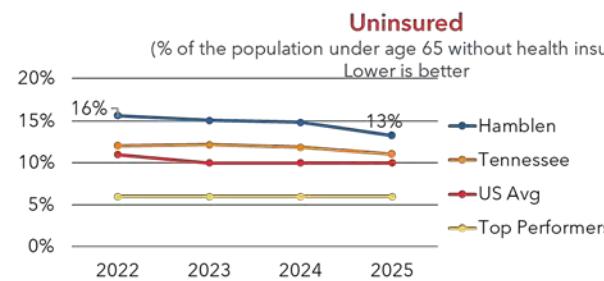
Source: Population to PCP - CHR; Area Health Resource File/American Medical Association, 2021

Source: Population to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2022

Source: Population to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CMS, National Provider Identifier File, 2022

Source: Population to other primary care providers - CHR; CMS, National Provider Identification, 2024

Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2022

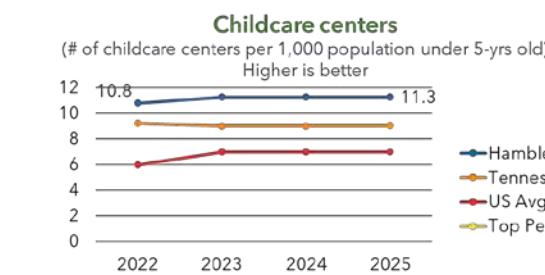
Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2022

Source: COVID-19 Vaccinations – CDC May 2023

## Social and Economic Factors

Social and economic factors include education, income, employment and wealth, social support, and safety.

### Childcare and Education



**Childcare cost burden**  
(Childcare costs for a HH w/2 children as a percent of median HH income)  
Higher is better

|             | %   |
|-------------|-----|
| Hamblen Co. | 22% |
| Tennessee   | 22% |
| U.S.        | 28% |

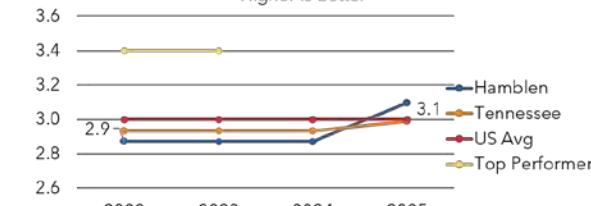
### School funding adequacy

(The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district)  
Higher is better

| Hamblen Co. | -\$1,613 |
|-------------|----------|
| Tennessee   | -999     |
| U.S.        | \$1,411  |

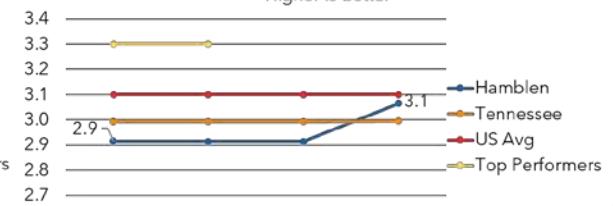
### 3rd grade math scores

(Avg. grade level performance on math standardized tests)  
Higher is better



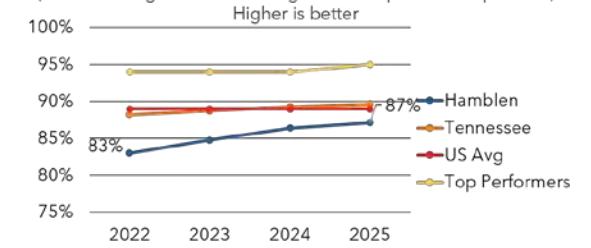
### 3rd grade reading level

(Avg. grade level performance on English language arts standardized tests)  
Higher is better



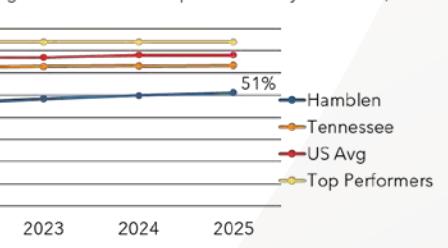
### High school completion

(% of adults ages 25+ with a high school diploma or equivalent)  
Higher is better



### Some college

(% of adults ages 35-44 with some postsecondary education)



Source: School funding adequacy – CHR; School Finance Indicators Database, 2022

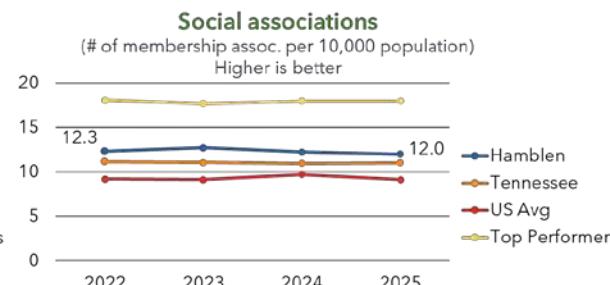
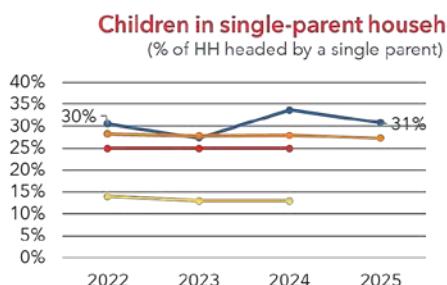
Source: Childcare Cost Burden – The Living Wage Institute; Small Area Income and Poverty Estimate, 2024

Source: Childcare centers – CHR; Homeland Infrastructure Foundation-Level Data, 2010-2022Source: Reading and Math scores – CHR Stanford Education Data Archive, 2019

Source: High school completion – CHR, American Community Survey, 5-yr estimates, 2019-2023

Source: Some college – CHR; American Community Survey, 5-year estimates, 2019-2022

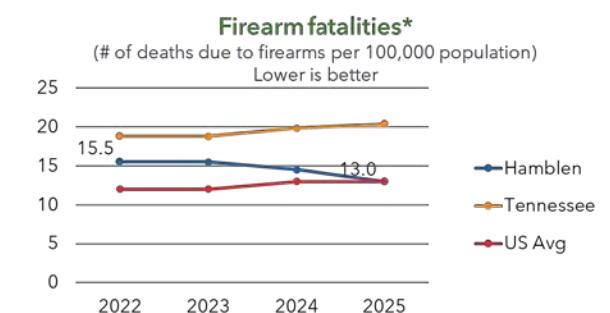
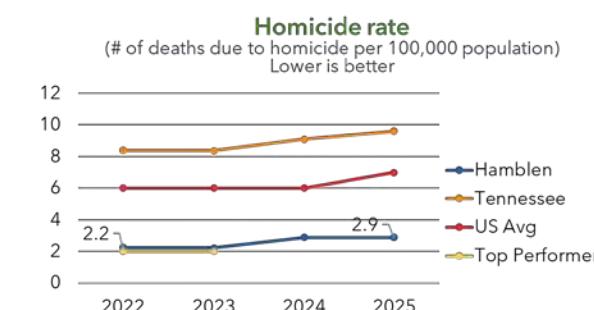
## Family and Social Engagement



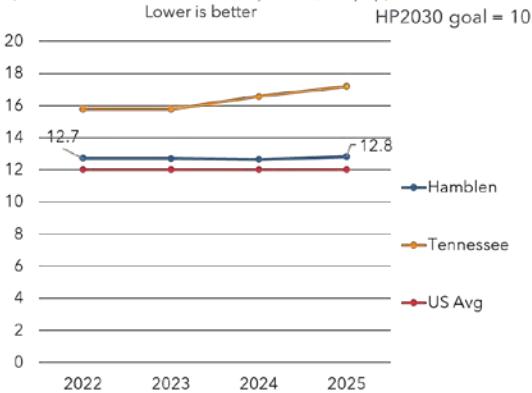
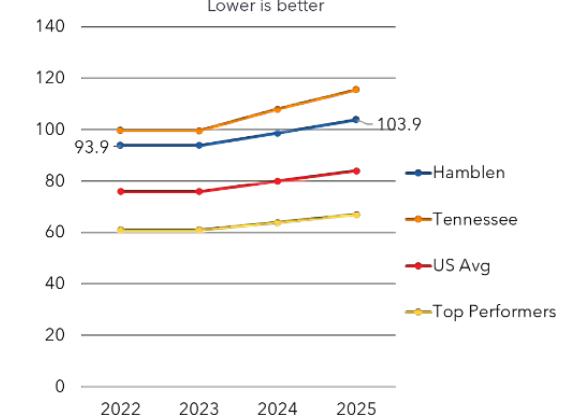
| Hamblen Co. | 27% |
|-------------|-----|
| Tennessee   | 28% |
| U.S.        | 25% |

Source: Children in single-parent households - CHR; American Community Survey, 5-yr. est., 2016-2020  
Sources: Social associations – CHR-County Business Patterns, 2022  
Sources: Lack of social & emotional support – CHR, Behavioral Risk Factor Surveillance System, 2022

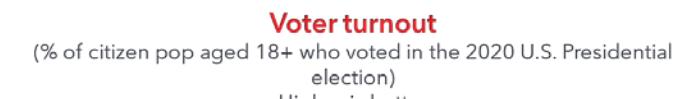
## Community Safety



| Hamblen Co | Tennessee | U.S.  |
|------------|-----------|-------|
| 558.6      | 621.6     | 377.1 |



| Hamblen Co. | 66.6% |
|-------------|-------|
| U.S.        | 65.2% |



| Hamblen Co. | 52.7% |
|-------------|-------|
| Tennessee   | 60.1% |
| U.S.        | 67.9% |

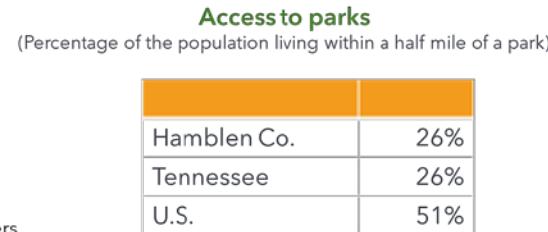
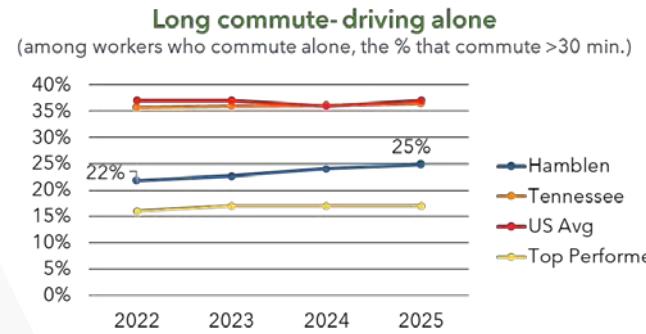
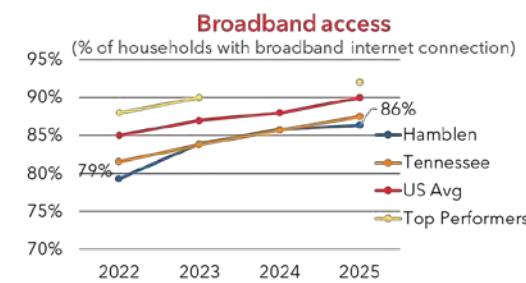
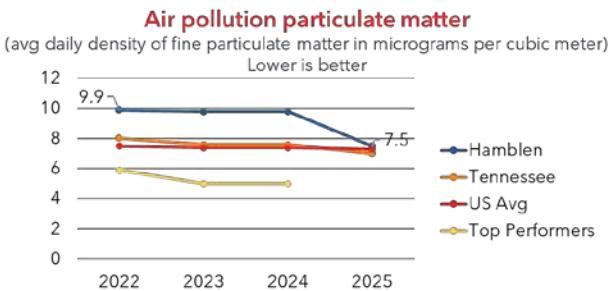
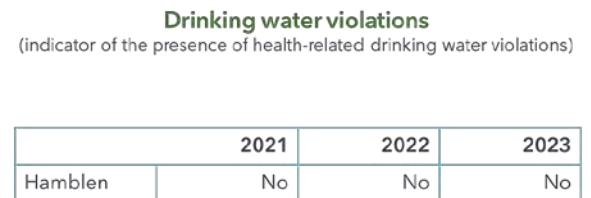
Source: Census participation - CHR; Census Operational Quality Metrics, 2020  
Source: Voter turnout – CHR, MIT Election Data & Science Lab; American Community Survey, 5-yr. est., 2020 & 2016-2020

Source: Homicide rate & Firearm fatalities- CHR; National Center for Health Statistics – Mortality files; Census population, 2016-2022  
Source: Violent crime- FBI Crime data explorer, 2022

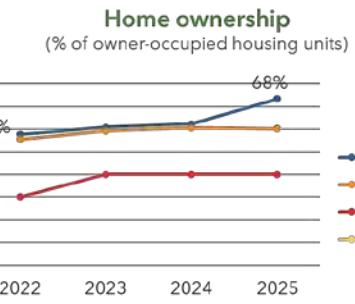
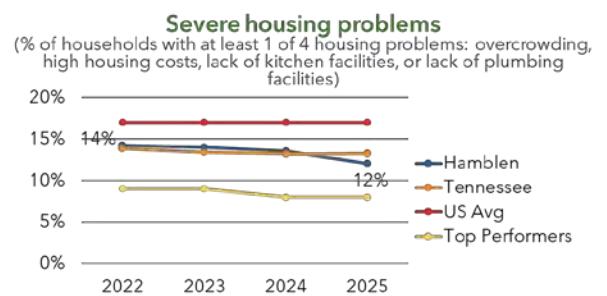
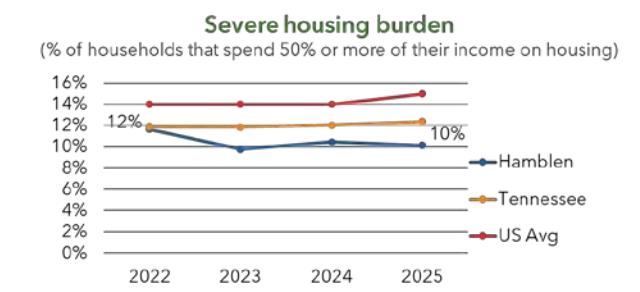
Source: Injury deaths - CHR; National Center for Health Statistics – Mortality files; Census population, 2018-2022  
Source: Motor vehicle crash deaths – CHR, National Center for Health Statistics – Mortality Files, Census population, 2016-2022

## Physical Environment

Physical environment encompasses housing and transportation, air, water, land, civic, and community resources.



## Housing



Source: Severe housing cost burden & home ownership—CHR; American Community Survey, five-year estimates, 2019-2023  
Source: Severe housing problems – CHR; HUD Comprehensive Housing Affordability Strategy data, 2017-2021.

Source: Drinking water violations – CHR; EPA, Safe Drinking Water Information System, 2023  
Source: Air pollution – CHR; CDC National Environmental Public Health Tracking Network, 2020

Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2019-2023

Source: Driving alone to work and long commute – CHR- American Community Survey, 5-year estimates, 2019-2023

Source: Access to Parks – ArcGIS Online; US Census TIGER/Line Shapefiles, 2024 & 2020.

## 5. Community Asset Inventory

The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan that accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. There are instructions for making changes after the inventory.

The focus group also identified community resources to improve health, which are listed on pp. 47-48 of the Community Health Needs Assessment.

|   |   |              |
|---|---|--------------|
| Partnership Ready by 6 and Central Services, Inc. | <a href="https://hamblenresourceguide.org/">https://hamblenresourceguide.org/</a>   | 423-586-9431 |
| <b>Substance Use Disorder</b>                     |   |              |
| <b>Organization/Service</b>                       | <b>Website</b>  | <b>Phone</b> |
| ALPS Adult Day Services                           |   |              |
| Hamblen County Substance Abuse Coalition          | <a href="https://hcsacinc.org/">https://hcsacinc.org/</a>   | 423-748-7494 |
| Kingdom Recovery Center                           | <a href="https://kingdomrecoverycenter.org/">https://kingdomrecoverycenter.org/</a>   | 888-859-8767 |
| ReVIDA Recovery                                   | <a href="https://www.revidarecovery.com/locations/morristown">https://www.revidarecovery.com/locations/morristown</a>   | 423-556-8818 |
| <b>Mental/Behavioral Health</b>                   |   |              |
| <b>Organization/Service</b>                       | <b>Website</b>  | <b>Phone</b> |
| Attitude Exchange Center                          | <a href="https://attitudeexchangecompany.weebly.com/">https://attitudeexchangecompany.weebly.com/</a>   | 423-231-5956 |
| Cherokee Health Systems                           | <a href="https://www.cherokeehealth.com/">https://www.cherokeehealth.com/</a>   | 866-231-4477 |
| McNabb Center                                     | <a href="https://mcnabbcenter.org/locations/hamblen/">https://mcnabbcenter.org/locations/hamblen/</a>   | 423-581-4761 |
| Health Connect America                            | <a href="https://www.healthconnectamerica.com/">https://www.healthconnectamerica.com/</a>   | 423-839-2550 |
| Overcoming Together with Dr. Sayra                | <a href="https://overcomingtogetherwithdrsayra.com/">https://overcomingtogetherwithdrsayra.com/</a>   | 865-300-6974 |
| PHILA Health Systems                              | <a href="https://www.philahealthsystems.org/">https://www.philahealthsystems.org/</a>   | 423-616-0213 |
| TN Voices   | <a href="https://tnvoices.org/">https://tnvoices.org/</a>   | 615-269-7751 |
| Tennessee Mental Health Crisis Services           | <a href="https://www.tn.gov/behavioral-health/need-help/crisis-services/mental-health-crisis-services.html">https://www.tn.gov/behavioral-health/need-help/crisis-services/mental-health-crisis-services.html</a> | 855-274-7471 |
| Suicide and Crisis Lifeline                       |   | 988          |

| Healthy eating/Active Living Organization/Service | Website   | Phone         |
|---|---|---------------|
| The Avenue Dream Center                           | <a href="https://www.theavenuemorristown.com/avenuedreamcenter">https://www.theavenuemorristown.com/avenuedreamcenter</a>   | 423-231-4719  |
| City of Morristown Parks and Recreation           | <a href="https://www.mymorristown.com/departments/parks_and_recreation/index.php">https://www.mymorristown.com/departments/parks_and_recreation/index.php</a>                       | 423-586-0260  |
| Covenant Health                                   | <a href="https://www.covenanthealth.com/patients-visitors/community-resources/food/">https://www.covenanthealth.com/patients-visitors/community-resources/food/</a>                 | 865-374-0411  |
| Healthy Habits Morristown-Hamblen Library         | <a href="http://www.morristownhamblenlibrary.org/childrens-programs/">http://www.morristownhamblenlibrary.org/childrens-programs/</a>   | 865-803-9878  |
| UT Extension Hamblen County                       | <a href="https://hamblen.tennessee.edu/">https://hamblen.tennessee.edu/</a>   | 423-586-6111  |
| The Daily Bread                                   | -   | 423-581-7733  |
| Manley Baptist Church Food Pantry                 | -   | 423-586-8665  |
| Breath of Life Ministries Food Pantry             | -   | 423-289-1163  |
| Morristown-Hamblen Central Services Food Pantry   | -   | 423-586-9431  |
| Hamblen County Health Department WIC program      | <a href="https://www.hamblencountytn.gov/hamblen-county-health-department/">https://www.hamblencountytn.gov/hamblen-county-health-department/</a>                                   | 423-586-6431  |
| Cherokee Park                                     | <a href="https://www.hamblencountytn.gov/cherokee-park/">https://www.hamblencountytn.gov/cherokee-park/</a>   | 423-586-5232  |
| Fred Miller Park                                  | <a href="https://www.visitmorristowntn.com/attractions/fred-miller-park/">https://www.visitmorristowntn.com/attractions/fred-miller-park/</a>                                       | 423-581-0100  |
| Frank Lorino Park                                 | <a href="https://www.mymorristown.com/departments/parks_and_recreation/parks_facilities.php">https://www.mymorristown.com/departments/parks_and_recreation/parks_facilities.php</a> | 423-586-0260  |
| Dr. Martin Luther King Jr. Park                   | <u>same as above</u>  | same as above |
| Fulton-Hill Park                                  | <u>same as above</u>  | same as above |
| Jolley Park                                       | <u>same as above</u>  | same as above |
| Hillcrest Park                                    | <u>same as above</u>  | same as above |
| King Park   | <u>same as above</u>  | same as above |
| Long-Reel Track                                   | <u>same as above</u>  | same as above |
| Morristown Dog Park - Jaycee Field                | <u>same as above</u>  | same as above |
| Popkin Field                                      | <u>same as above</u>  | same as above |
| Sherwood Park                                     | <u>same as above</u>  | same as above |
| Wayne Hansard Park                                | <u>same as above</u>  | same as above |
| Wildwood Park                                     | <u>same as above</u>  | same as above |
| Panther Creek State Park                          | <a href="https://tnstateparks.com/parks/panther-creek">https://tnstateparks.com/parks/panther-creek</a>   | 423-587-7046  |

| Poverty /Living wage                                | Website   | Phone        |
|---|---|--------------|
| Organization/Service                                |   |              |
| Douglas-Cherokee Economic Authority                 | *****.douglascherokee.com/  | 423-587-3076 |
| East Tennessee Human Resources Agency (ETHRA)       | *****.ethra.org/  | 423-587-6511 |
| First Love on Main                                  | *****firstloveonmain.org/   | 423-289-1179 |
| Girls Inc. of Hamblen County                        | *****.girlsinchamblencounty.org/  | 423-581-4330 |
| Hamblen County Schools Career & Technical Education | *****.hcboe.net/departments   | 423-581-3084 |
| Morristown-Hamblen Central Services                 | *****mhcentralservices.org/   | 423-586-9434 |
| Persevere   | *****.perseverenow.org/   | 877-260-7299 |
| STRONG Families                                     | *****.strongacc.org/strong-families-netn/   | 423-302-3382 |
| Stepping Out, Inc.                                  | *****steppingoutinc.org/  | 423-318-0999 |
| TNAchieves  | *****.tnachieves.org/   | 833-435-7862 |
| Boys & Girls Club of Morristown                     | *****bgcmorristown.org/   | 423-586-2331 |
| American Job Center                                 | *****.tn.gov/workforce/jobs-and-education/job-search1/find-local-american-job-center.html | 423-317-7060 |
| Tennessee Reconnect                                 | *****tnreconnect.gov/   |              |
| HC Excell   | *****.hcexcell.org/   | 423-581-5334 |
| Language barriers                                   |   |              |
| Organization/Service                                | Website   | Phone        |
| HOLA Lakeway  | *****.holalakeway.org/  | 423-621-9065 |

## Change Form

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:

Morristown-Hamblen Healthcare System Marketing Department  
908 West Fourth North St.  
Morristown, TN 37814

423-492-6050

or email to [marketingcommunications@covhlth.com](mailto:marketingcommunications@covhlth.com)

# Hamblen County

## COMMUNITY HEALTH NEEDS ASSESSMENT

Completed in partnership with:

